

BRIDGEPORT HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT 100 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2009	FY 2010	AMOUNT	%
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL</u>	<u>ACTUAL</u>	<u>DIFFERENCE</u>	<u>DIFFERENCE</u>
I.	<b>ASSETS</b>				
A.	<b>Current Assets:</b>				
1	Cash and Cash Equivalents	\$32,972,000	\$44,477,000	\$11,505,000	35%
2	Short Term Investments	\$0	\$17,550,000	\$17,550,000	0%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$33,101,000	\$29,146,000	(\$3,955,000)	-12%
4	Current Assets Whose Use is Limited for Current Liabilities	\$0	\$0	\$0	0%
5	Due From Affiliates	\$0	\$0	\$0	0%
6	Due From Third Party Payers	\$1,517,000	\$1,411,000	(\$106,000)	-7%
7	Inventories of Supplies	\$3,286,000	\$3,852,000	\$566,000	17%
8	Prepaid Expenses	\$1,502,000	\$1,876,000	\$374,000	25%
9	Other Current Assets	\$3,342,000	\$3,107,000	(\$235,000)	-7%
	<b>Total Current Assets</b>	<b>\$75,720,000</b>	<b>\$101,419,000</b>	<b>\$25,699,000</b>	<b>34%</b>
B.	<b>Noncurrent Assets Whose Use is Limited:</b>				
1	Held by Trustee	\$0	\$0	\$0	0%
2	Board Designated for Capital Acquisition	\$0	\$0	\$0	0%
3	Funds Held in Escrow	\$5,845,000	\$5,788,000	(\$57,000)	-1%
4	Other Noncurrent Assets Whose Use is Limited	\$0	\$0	\$0	0%
	<b>Total Noncurrent Assets Whose Use is Limited:</b>	<b>\$5,845,000</b>	<b>\$5,788,000</b>	<b>(\$57,000)</b>	<b>-1%</b>
5	Interest in Net Assets of Foundation	\$0	\$0	\$0	0%
6	Long Term Investments	\$26,174,000	\$20,564,000	(\$5,610,000)	-21%
7	Other Noncurrent Assets	\$50,935,000	\$53,637,000	\$2,702,000	5%
C.	<b>Net Fixed Assets:</b>				
1	Property, Plant and Equipment	\$366,772,000	\$360,747,000	(\$6,025,000)	-2%
2	Less: Accumulated Depreciation	\$260,098,000	\$248,840,000	(\$11,258,000)	-4%
	<b>Property, Plant and Equipment, Net</b>	<b>\$106,674,000</b>	<b>\$111,907,000</b>	<b>\$5,233,000</b>	<b>5%</b>
3	Construction in Progress	\$12,497,000	\$4,946,000	(\$7,551,000)	-60%
	<b>Total Net Fixed Assets</b>	<b>\$119,171,000</b>	<b>\$116,853,000</b>	<b>(\$2,318,000)</b>	<b>-2%</b>
	<b>Total Assets</b>	<b>\$277,845,000</b>	<b>\$298,261,000</b>	<b>\$20,416,000</b>	<b>7%</b>

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LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>II. LIABILITIES AND NET ASSETS</b>					
<b>A. Current Liabilities:</b>					
1	Accounts Payable and Accrued Expenses	\$8,362,000	\$11,257,000	\$2,895,000	35%
2	Salaries, Wages and Payroll Taxes	\$35,311,000	\$34,944,000	(\$367,000)	-1%
3	Due To Third Party Payers	\$0	\$2,857,000	\$2,857,000	0%
4	Due To Affiliates	\$0	\$0	\$0	0%
5	Current Portion of Long Term Debt	\$2,785,000	\$2,945,000	\$160,000	6%
6	Current Portion of Notes Payable	\$0	\$0	\$0	0%
7	Other Current Liabilities	\$0	\$0	\$0	0%
	<b>Total Current Liabilities</b>	<b>\$46,458,000</b>	<b>\$52,003,000</b>	<b>\$5,545,000</b>	<b>12%</b>
<b>B. Long Term Debt:</b>					
1	Bonds Payable (Net of Current Portion)	\$50,090,000	\$47,145,000	(\$2,945,000)	-6%
2	Notes Payable (Net of Current Portion)	\$0	\$0	\$0	0%
	<b>Total Long Term Debt</b>	<b>\$50,090,000</b>	<b>\$47,145,000</b>	<b>(\$2,945,000)</b>	<b>-6%</b>
3	Accrued Pension Liability	\$48,492,000	\$49,237,000	\$745,000	2%
4	Other Long Term Liabilities	\$43,953,000	\$46,777,000	\$2,824,000	6%
	<b>Total Long Term Liabilities</b>	<b>\$142,535,000</b>	<b>\$143,159,000</b>	<b>\$624,000</b>	<b>0%</b>
5	Interest in Net Assets of Affiliates or Joint Ventures	\$0	\$0	\$0	0%
<b>C. Net Assets:</b>					
1	Unrestricted Net Assets or Equity	\$49,998,000	\$62,529,000	\$12,531,000	25%
2	Temporarily Restricted Net Assets	\$26,622,000	\$23,262,000	(\$3,360,000)	-13%
3	Permanently Restricted Net Assets	\$12,232,000	\$17,308,000	\$5,076,000	41%
	<b>Total Net Assets</b>	<b>\$88,852,000</b>	<b>\$103,099,000</b>	<b>\$14,247,000</b>	<b>16%</b>
	<b>Total Liabilities and Net Assets</b>	<b>\$277,845,000</b>	<b>\$298,261,000</b>	<b>\$20,416,000</b>	<b>7%</b>

BRIDGEPORT HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
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REPORT 150 - HOSPITAL STATEMENT OF OPERATIONS INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2009 ACTUAL</u>	<u>FY 2010 ACTUAL</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
<b>A. Operating Revenue:</b>					
1	Total Gross Patient Revenue	\$1,105,535,000	\$1,185,590,000	\$80,055,000	7%
2	Less: Allowances	\$720,998,000	\$802,426,000	\$81,428,000	11%
3	Less: Charity Care	\$35,053,000	\$24,102,000	(\$10,951,000)	-31%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	<b>Total Net Patient Revenue</b>	<b>\$349,484,000</b>	<b>\$359,062,000</b>	<b>\$9,578,000</b>	<b>3%</b>
5	Other Operating Revenue	\$4,458,000	\$5,877,000	\$1,419,000	32%
6	Net Assets Released from Restrictions	\$1,853,000	\$1,077,000	(\$776,000)	-42%
	<b>Total Operating Revenue</b>	<b>\$355,795,000</b>	<b>\$366,016,000</b>	<b>\$10,221,000</b>	<b>3%</b>
<b>B. Operating Expenses:</b>					
1	Salaries and Wages	\$130,488,000	\$128,883,000	(\$1,605,000)	-1%
2	Fringe Benefits	\$38,557,000	\$41,808,000	\$3,251,000	8%
3	Physicians Fees	\$15,538,000	\$14,462,000	(\$1,076,000)	-7%
4	Supplies and Drugs	\$45,415,000	\$45,672,000	\$257,000	1%
5	Depreciation and Amortization	\$18,962,000	\$17,768,000	(\$1,194,000)	-6%
6	Bad Debts	\$13,240,000	\$13,505,000	\$265,000	2%
7	Interest	\$3,200,000	\$3,059,000	(\$141,000)	-4%
8	Malpractice	\$12,652,000	\$8,342,000	(\$4,310,000)	-34%
9	Other Operating Expenses	\$73,003,000	\$76,716,000	\$3,713,000	5%
	<b>Total Operating Expenses</b>	<b>\$351,055,000</b>	<b>\$350,215,000</b>	<b>(\$840,000)</b>	<b>0%</b>
	<b>Income/(Loss) From Operations</b>	<b>\$4,740,000</b>	<b>\$15,801,000</b>	<b>\$11,061,000</b>	<b>233%</b>
<b>C. Non-Operating Revenue:</b>					
1	Income from Investments	\$0	\$0	\$0	0%
2	Gifts, Contributions and Donations	\$0	\$0	\$0	0%
3	Other Non-Operating Gains/(Losses)	(\$3,535,000)	\$1,226,000	\$4,761,000	-135%
	<b>Total Non-Operating Revenue</b>	<b>(\$3,535,000)</b>	<b>\$1,226,000</b>	<b>\$4,761,000</b>	<b>-135%</b>
	<b>Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)</b>	<b>\$1,205,000</b>	<b>\$17,027,000</b>	<b>\$15,822,000</b>	<b>1313%</b>
<b>Other Adjustments:</b>					
	Unrealized Gains/(Losses)	\$385,000	\$540,000	\$155,000	40%
	All Other Adjustments	\$0	\$0	\$0	0%
	<b>Total Other Adjustments</b>	<b>\$385,000</b>	<b>\$540,000</b>	<b>\$155,000</b>	<b>40%</b>
	<b>Excess/(Deficiency) of Revenue Over Expenses</b>	<b>\$1,590,000</b>	<b>\$17,567,000</b>	<b>\$15,977,000</b>	<b>1005%</b>
	Principal Payments	\$2,795,000	\$2,785,000	(\$10,000)	0%

**BRIDGEPORT HOSPITAL  
TWELVE MONTHS ACTUAL FILING  
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**REPORT 165 - HOSPITAL GROSS REVENUE, NET REVENUE AND STATISTICS BY PAYER**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>I.</b>	<b>GROSS REVENUE BY PAYER</b>				
<b>A.</b>	<b>INPATIENT GROSS REVENUE</b>				
1	MEDICARE TRADITIONAL	\$226,475,519	\$244,031,637	\$17,556,118	8%
2	MEDICARE MANAGED CARE	\$98,347,270	\$103,587,801	\$5,240,531	5%
3	MEDICAID	\$76,995,271	\$90,725,755	\$13,730,484	18%
4	MEDICAID MANAGED CARE	\$52,059,570	\$61,214,692	\$9,155,122	18%
5	CHAMPUS/TRICARE	\$1,196,962	\$780,040	(\$416,922)	-35%
6	COMMERCIAL INSURANCE	\$74,600,114	\$78,896,744	\$4,296,630	6%
7	NON-GOVERNMENT MANAGED CARE	\$106,239,595	\$98,728,081	(\$7,511,514)	-7%
8	WORKER'S COMPENSATION	\$10,783,647	\$8,832,931	(\$1,950,716)	-18%
9	SELF- PAY/UNINSURED	\$13,809,812	\$9,670,822	(\$4,138,990)	-30%
10	SAGA	\$25,590,134	\$15,148,822	(\$10,441,312)	-41%
11	OTHER	\$0	\$0	\$0	0%
	<b>TOTAL INPATIENT GROSS REVENUE</b>	<b>\$686,097,894</b>	<b>\$711,617,325</b>	<b>\$25,519,431</b>	<b>4%</b>
<b>B.</b>	<b>OUTPATIENT GROSS REVENUE</b>				
1	MEDICARE TRADITIONAL	\$67,032,799	\$82,290,563	\$15,257,764	23%
2	MEDICARE MANAGED CARE	\$31,596,002	\$37,622,903	\$6,026,901	19%
3	MEDICAID	\$35,384,392	\$48,101,663	\$12,717,271	36%
4	MEDICAID MANAGED CARE	\$64,409,193	\$81,346,080	\$16,936,887	26%
5	CHAMPUS/TRICARE	\$495,806	\$680,630	\$184,824	37%
6	COMMERCIAL INSURANCE	\$69,685,147	\$75,891,004	\$6,205,857	9%
7	NON-GOVERNMENT MANAGED CARE	\$90,899,692	\$97,677,450	\$6,777,758	7%
8	WORKER'S COMPENSATION	\$5,311,165	\$4,618,967	(\$692,198)	-13%
9	SELF- PAY/UNINSURED	\$30,854,209	\$30,889,642	\$35,433	0%
10	SAGA	\$23,768,204	\$14,853,469	(\$8,914,735)	-38%
11	OTHER	\$0	\$0	\$0	0%
	<b>TOTAL OUTPATIENT GROSS REVENUE</b>	<b>\$419,436,609</b>	<b>\$473,972,371</b>	<b>\$54,535,762</b>	<b>13%</b>
<b>C.</b>	<b>TOTAL GROSS REVENUE</b>				
1	MEDICARE TRADITIONAL	\$293,508,318	\$326,322,200	\$32,813,882	11%
2	MEDICARE MANAGED CARE	\$129,943,272	\$141,210,704	\$11,267,432	9%
3	MEDICAID	\$112,379,663	\$138,827,418	\$26,447,755	24%
4	MEDICAID MANAGED CARE	\$116,468,763	\$142,560,772	\$26,092,009	22%
5	CHAMPUS/TRICARE	\$1,692,768	\$1,460,670	(\$232,098)	-14%
6	COMMERCIAL INSURANCE	\$144,285,261	\$154,787,748	\$10,502,487	7%
7	NON-GOVERNMENT MANAGED CARE	\$197,139,287	\$196,405,531	(\$733,756)	0%
8	WORKER'S COMPENSATION	\$16,094,812	\$13,451,898	(\$2,642,914)	-16%
9	SELF- PAY/UNINSURED	\$44,664,021	\$40,560,464	(\$4,103,557)	-9%
10	SAGA	\$49,358,338	\$30,002,291	(\$19,356,047)	-39%
11	OTHER	\$0	\$0	\$0	0%
	<b>TOTAL GROSS REVENUE</b>	<b>\$1,105,534,503</b>	<b>\$1,185,589,696</b>	<b>\$80,055,193</b>	<b>7%</b>
<b>II.</b>	<b>NET REVENUE BY PAYER</b>				
<b>A.</b>	<b>INPATIENT NET REVENUE</b>				
1	MEDICARE TRADITIONAL	\$84,031,667	\$78,311,274	(\$5,720,393)	-7%
2	MEDICARE MANAGED CARE	\$31,258,582	\$30,728,337	(\$530,245)	-2%
3	MEDICAID	\$21,156,066	\$23,730,071	\$2,574,005	12%
4	MEDICAID MANAGED CARE	\$12,709,030	\$13,020,809	\$311,779	2%
5	CHAMPUS/TRICARE	\$347,123	\$83,456	(\$263,667)	-76%

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**REPORT 165 - HOSPITAL GROSS REVENUE, NET REVENUE AND STATISTICS BY PAYER**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
6	COMMERCIAL INSURANCE	\$28,254,555	\$34,200,650	\$5,946,095	21%
7	NON-GOVERNMENT MANAGED CARE	\$41,384,792	\$42,146,897	\$762,105	2%
8	WORKER'S COMPENSATION	\$10,496,030	\$8,837,793	(\$1,658,237)	-16%
9	SELF- PAY/UNINSURED	\$1,020,113	\$952,380	(\$67,733)	-7%
10	SAGA	\$3,255,583	\$1,559,167	(\$1,696,416)	-52%
11	OTHER	\$0	\$0	\$0	0%
	<b>TOTAL INPATIENT NET REVENUE</b>	<b>\$233,913,541</b>	<b>\$233,570,834</b>	<b>(\$342,707)</b>	<b>0%</b>
<b>B.</b>	<b>OUTPATIENT NET REVENUE</b>				
1	MEDICARE TRADITIONAL	\$13,545,525	\$13,964,942	\$419,417	3%
2	MEDICARE MANAGED CARE	\$7,979,855	\$8,042,380	\$62,525	1%
3	MEDICAID	\$7,492,810	\$8,223,627	\$730,817	10%
4	MEDICAID MANAGED CARE	\$14,503,033	\$14,389,691	(\$113,342)	-1%
5	CHAMPUS/TRICARE	\$131,600	\$169,111	\$37,511	29%
6	COMMERCIAL INSURANCE	\$23,024,444	\$27,749,054	\$4,724,610	21%
7	NON-GOVERNMENT MANAGED CARE	\$29,417,205	\$31,825,158	\$2,407,953	8%
8	WORKER'S COMPENSATION	\$5,174,894	\$4,623,531	(\$551,363)	-11%
9	SELF- PAY/UNINSURED	\$1,755,156	\$2,336,439	\$581,283	33%
10	SAGA	\$2,985,307	\$1,456,241	(\$1,529,066)	-51%
11	OTHER	\$0	\$0	\$0	0%
	<b>TOTAL OUTPATIENT NET REVENUE</b>	<b>\$106,009,829</b>	<b>\$112,780,174</b>	<b>\$6,770,345</b>	<b>6%</b>
<b>C.</b>	<b>TOTAL NET REVENUE</b>				
1	MEDICARE TRADITIONAL	\$97,577,192	\$92,276,216	(\$5,300,976)	-5%
2	MEDICARE MANAGED CARE	\$39,238,437	\$38,770,717	(\$467,720)	-1%
3	MEDICAID	\$28,648,876	\$31,953,698	\$3,304,822	12%
4	MEDICAID MANAGED CARE	\$27,212,063	\$27,410,500	\$198,437	1%
5	CHAMPUS/TRICARE	\$478,723	\$252,567	(\$226,156)	-47%
6	COMMERCIAL INSURANCE	\$51,278,999	\$61,949,704	\$10,670,705	21%
7	NON-GOVERNMENT MANAGED CARE	\$70,801,997	\$73,972,055	\$3,170,058	4%
8	WORKER'S COMPENSATION	\$15,670,924	\$13,461,324	(\$2,209,600)	-14%
9	SELF- PAY/UNINSURED	\$2,775,269	\$3,288,819	\$513,550	19%
10	SAGA	\$6,240,890	\$3,015,408	(\$3,225,482)	-52%
11	OTHER	\$0	\$0	\$0	0%
	<b>TOTAL NET REVENUE</b>	<b>\$339,923,370</b>	<b>\$346,351,008</b>	<b>\$6,427,638</b>	<b>2%</b>
<b>III.</b>	<b>STATISTICS BY PAYER</b>				
<b>A.</b>	<b>DISCHARGES</b>				
1	MEDICARE TRADITIONAL	4,976	4,868	(108)	-2%
2	MEDICARE MANAGED CARE	2,131	2,069	(62)	-3%
3	MEDICAID	2,402	2,370	(32)	-1%
4	MEDICAID MANAGED CARE	2,560	2,896	336	13%
5	CHAMPUS/TRICARE	23	28	5	22%
6	COMMERCIAL INSURANCE	2,778	2,624	(154)	-6%
7	NON-GOVERNMENT MANAGED CARE	3,650	3,305	(345)	-9%
8	WORKER'S COMPENSATION	190	167	(23)	-12%
9	SELF- PAY/UNINSURED	398	311	(87)	-22%
10	SAGA	700	406	(294)	-42%
11	OTHER	0	0	0	0%
	<b>TOTAL DISCHARGES</b>	<b>19,808</b>	<b>19,044</b>	<b>(764)</b>	<b>-4%</b>
<b>B.</b>	<b>PATIENT DAYS</b>				
1	MEDICARE TRADITIONAL	34,795	37,857	3,062	9%

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(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
2	MEDICARE MANAGED CARE	14,929	14,522	(407)	-3%
3	MEDICAID	13,728	15,060	1,332	10%
4	MEDICAID MANAGED CARE	8,763	10,093	1,330	15%
5	CHAMPUS/TRICARE	161	116	(45)	-28%
6	COMMERCIAL INSURANCE	10,146	10,212	66	1%
7	NON-GOVERNMENT MANAGED CARE	14,407	12,773	(1,634)	-11%
8	WORKER'S COMPENSATION	854	636	(218)	-26%
9	SELF- PAY/UNINSURED	1,724	1,212	(512)	-30%
10	SAGA	4,094	2,248	(1,846)	-45%
11	OTHER	0	0	0	0%
	<b>TOTAL PATIENT DAYS</b>	<b>103,601</b>	<b>104,729</b>	<b>1,128</b>	<b>1%</b>
<b>C.</b>	<b>OUTPATIENT VISITS</b>				
1	MEDICARE TRADITIONAL	22,957	24,459	1,502	7%
2	MEDICARE MANAGED CARE	9,290	9,862	572	6%
3	MEDICAID	19,565	22,793	3,228	16%
4	MEDICAID MANAGED CARE	44,946	50,374	5,428	12%
5	CHAMPUS/TRICARE	307	374	67	22%
6	COMMERCIAL INSURANCE	28,117	29,209	1,092	4%
7	NON-GOVERNMENT MANAGED CARE	35,138	34,404	(734)	-2%
8	WORKER'S COMPENSATION	1,663	1,553	(110)	-7%
9	SELF- PAY/UNINSURED	16,944	15,803	(1,141)	-7%
10	SAGA	12,921	7,396	(5,525)	-43%
11	OTHER	0	0	0	0%
	<b>TOTAL OUTPATIENT VISITS</b>	<b>191,848</b>	<b>196,227</b>	<b>4,379</b>	<b>2%</b>
<b>IV.</b>	<b>EMERGENCY DEPARTMENT OUTPATIENT BY PAYER</b>				
<b>A.</b>	<b>EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE</b>				
1	MEDICARE TRADITIONAL	\$15,535,687	\$17,789,653	\$2,253,966	15%
2	MEDICARE MANAGED CARE	\$6,015,830	\$6,719,722	\$703,892	12%
3	MEDICAID	\$13,375,671	\$18,838,089	\$5,462,418	41%
4	MEDICAID MANAGED CARE	\$30,597,908	\$34,626,028	\$4,028,120	13%
5	CHAMPUS/TRICARE	\$227,654	\$284,135	\$56,481	25%
6	COMMERCIAL INSURANCE	\$16,715,928	\$17,002,207	\$286,279	2%
7	NON-GOVERNMENT MANAGED CARE	\$21,081,519	\$20,912,229	(\$169,290)	-1%
8	WORKER'S COMPENSATION	\$1,082,253	\$1,203,800	\$121,547	11%
9	SELF- PAY/UNINSURED	\$20,954,690	\$20,310,905	(\$643,785)	-3%
10	SAGA	\$11,426,870	\$7,330,349	(\$4,096,521)	-36%
11	OTHER	\$0	\$0	\$0	0%
	<b>TOTAL EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE</b>	<b>\$137,014,010</b>	<b>\$145,017,117</b>	<b>\$8,003,107</b>	<b>6%</b>
<b>B.</b>	<b>EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE</b>				
1	MEDICARE TRADITIONAL	\$5,198,214	\$3,316,113	(\$1,882,101)	-36%
2	MEDICARE MANAGED CARE	\$1,455,372	\$1,464,913	\$9,541	1%
3	MEDICAID	\$2,411,263	\$2,845,746	\$434,483	18%
4	MEDICAID MANAGED CARE	\$5,723,780	\$5,688,330	(\$35,450)	-1%
5	CHAMPUS/TRICARE	\$70,314	\$88,084	\$17,770	25%
6	COMMERCIAL INSURANCE	\$6,238,455	\$6,156,536	(\$81,919)	-1%
7	NON-GOVERNMENT MANAGED CARE	\$7,577,315	\$7,380,352	(\$196,963)	-3%
8	WORKER'S COMPENSATION	\$670,508	\$772,778	\$102,270	15%
9	SELF- PAY/UNINSURED	\$20,772,002	\$20,140,318	(\$631,684)	-3%
10	SAGA	\$1,351,334	\$786,338	(\$564,996)	-42%

**BRIDGEPORT HOSPITAL  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2010  
REPORT 165 - HOSPITAL GROSS REVENUE, NET REVENUE AND STATISTICS BY PAYER**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
11	OTHER	\$0	\$0	\$0	0%
	<b>TOTAL EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE</b>	<b>\$51,468,557</b>	<b>\$48,639,508</b>	<b>(\$2,829,049)</b>	<b>-5%</b>
<b>C.</b>	<b>EMERGENCY DEPARTMENT OUTPATIENT VISITS</b>				
1	MEDICARE TRADITIONAL	5,522	5,647	125	2%
2	MEDICARE MANAGED CARE	1,913	1,905	(8)	0%
3	MEDICAID	6,965	8,558	1,593	23%
4	MEDICAID MANAGED CARE	19,534	20,600	1,066	5%
5	CHAMPUS/TRICARE	136	148	12	9%
6	COMMERCIAL INSURANCE	7,093	6,750	(343)	-5%
7	NON-GOVERNMENT MANAGED CARE	9,052	8,231	(821)	-9%
8	WORKER'S COMPENSATION	529	527	(2)	0%
9	SELF- PAY/UNINSURED	10,274	9,342	(932)	-9%
10	SAGA	5,794	3,304	(2,490)	-43%
11	OTHER	0	0	0	0%
	<b>TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS</b>	<b>66,812</b>	<b>65,012</b>	<b>(1,800)</b>	<b>-3%</b>

**BRIDGEPORT HOSPITAL**  
**TWELVE MONTHS ACTUAL FILING**  
**FISCAL YEAR 2010**  
**REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT**

(1)	(2)	(3)	(4)	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2009 ACTUAL</u>	<u>FY 2010 ACTUAL</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
<b>I. OPERATING EXPENSE BY CATEGORY</b>					
<b>A. Salaries &amp; Wages:</b>					
1	Nursing Salaries	\$42,767,886	\$48,504,672	\$5,736,786	13%
2	Physician Salaries	\$8,311,122	\$9,466,788	\$1,155,666	14%
3	Non-Nursing, Non-Physician Salaries	\$79,408,992	\$70,911,540	(\$8,497,452)	-11%
	<b>Total Salaries &amp; Wages</b>	<b>\$130,488,000</b>	<b>\$128,883,000</b>	<b>(\$1,605,000)</b>	<b>-1%</b>
<b>B. Fringe Benefits:</b>					
1	Nursing Fringe Benefits	\$10,711,918	\$11,454,118	\$742,200	7%
2	Physician Fringe Benefits	\$2,452,306	\$2,213,435	(\$238,871)	-10%
3	Non-Nursing, Non-Physician Fringe Benefits	\$25,392,776	\$28,140,447	\$2,747,671	11%
	<b>Total Fringe Benefits</b>	<b>\$38,557,000</b>	<b>\$41,808,000</b>	<b>\$3,251,000</b>	<b>8%</b>
<b>C. Contractual Labor Fees:</b>					
1	Nursing Fees	\$2,744,248	\$1,993,281	(\$750,967)	-27%
2	Physician Fees	\$15,538,000	\$14,462,000	(\$1,076,000)	-7%
3	Non-Nursing, Non-Physician Fees	\$20,347,594	\$22,402,736	\$2,055,142	10%
	<b>Total Contractual Labor Fees</b>	<b>\$38,629,842</b>	<b>\$38,858,017</b>	<b>\$228,175</b>	<b>1%</b>
<b>D. Medical Supplies and Pharmaceutical Cost:</b>					
1	Medical Supplies	\$35,569,000	\$35,893,000	\$324,000	1%
2	Pharmaceutical Costs	\$9,846,000	\$9,779,000	(\$67,000)	-1%
	<b>Total Medical Supplies and Pharmaceutical Cost</b>	<b>\$45,415,000</b>	<b>\$45,672,000</b>	<b>\$257,000</b>	<b>1%</b>
<b>E. Depreciation and Amortization:</b>					
1	Depreciation-Building	\$9,866,000	\$9,244,000	(\$622,000)	-6%
2	Depreciation-Equipment	\$9,096,000	\$8,524,000	(\$572,000)	-6%
3	Amortization	\$0	\$0	\$0	0%
	<b>Total Depreciation and Amortization</b>	<b>\$18,962,000</b>	<b>\$17,768,000</b>	<b>(\$1,194,000)</b>	<b>-6%</b>
<b>F. Bad Debts:</b>					
1	Bad Debts	\$13,240,000	\$13,505,000	\$265,000	2%
<b>G. Interest Expense:</b>					
1	Interest Expense	\$3,200,000	\$3,059,000	(\$141,000)	-4%
<b>H. Malpractice Insurance Cost:</b>					
1	Malpractice Insurance Cost	\$12,652,000	\$8,342,000	(\$4,310,000)	-34%
<b>I. Utilities:</b>					
1	Water	\$199,502	\$287,513	\$88,011	44%
2	Natural Gas	\$2,197,040	\$1,531,639	(\$665,401)	-30%
3	Oil	\$0	\$0	\$0	0%
4	Electricity	\$3,805,879	\$3,762,757	(\$43,122)	-1%
5	Telephone	\$468,581	\$487,180	\$18,599	4%
6	Other Utilities	\$123,225	\$19,436	(\$103,789)	-84%
	<b>Total Utilities</b>	<b>\$6,794,227</b>	<b>\$6,088,525</b>	<b>(\$705,702)</b>	<b>-10%</b>
<b>J. Business Expenses:</b>					
1	Accounting Fees	\$324,796	\$344,693	\$19,897	6%
2	Legal Fees	\$1,084,214	\$1,454,019	\$369,805	34%
3	Consulting Fees	\$3,219,951	\$1,302,117	(\$1,917,834)	-60%
4	Dues and Membership	\$493,501	\$669,740	\$176,239	36%
5	Equipment Leases	\$72,592	\$129,773	\$57,181	79%
6	Building Leases	\$1,345,951	\$1,468,896	\$122,945	9%
7	Repairs and Maintenance	\$7,181,156	\$8,535,506	\$1,354,350	19%
8	Insurance	\$983,845	\$763,709	(\$220,136)	-22%

**BRIDGEPORT HOSPITAL**  
**TWELVE MONTHS ACTUAL FILING**  
**FISCAL YEAR 2010**  
**REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT**

(1)	(2)	(3)	(4)	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2009 ACTUAL</u>	<u>FY 2010 ACTUAL</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
9	Travel	\$279,211	\$250,647	(\$28,564)	-10%
10	Conferences	\$9,706	\$11,419	\$1,713	18%
11	Property Tax	\$184,336	\$179,547	(\$4,789)	-3%
12	General Supplies	\$6,288,319	\$6,601,591	\$313,272	5%
13	Licenses and Subscriptions	\$316,231	\$377,826	\$61,595	19%
14	Postage and Shipping	\$540,066	\$561,611	\$21,545	4%
15	Advertising	\$0	\$0	\$0	0%
16	Other Business Expenses	\$9,574,624	\$10,928,179	\$1,353,555	14%
	<b>Total Business Expenses</b>	<b>\$31,898,499</b>	<b>\$33,579,273</b>	<b>\$1,680,774</b>	<b>5%</b>
<b>K.</b>	<b><u>Other Operating Expense:</u></b>				
1	Miscellaneous Other Operating Expenses	\$11,218,432	\$12,652,185	\$1,433,753	13%
	<b>Total Operating Expenses - All Expense Categories*</b>	<b>\$351,055,000</b>	<b>\$350,215,000</b>	<b>(\$840,000)</b>	<b>0%</b>
	<b>*A.- K. The total operating expenses amount above must agree with the total operating expenses amount on Report 150</b>				
<b>II.</b>	<b><u>OPERATING EXPENSE BY DEPARTMENT</u></b>				
<b>A.</b>	<b><u>General Services:</u></b>				
1	General Administration	\$27,584,359	\$24,809,451	(\$2,774,908)	-10%
2	General Accounting	\$1,875,546	\$2,309,585	\$434,039	23%
3	Patient Billing & Collection	\$7,213,846	\$7,283,930	\$70,084	1%
4	Admitting / Registration Office	\$1,102,805	\$1,052,014	(\$50,791)	-5%
5	Data Processing	\$6,555,976	\$6,730,447	\$174,471	3%
6	Communications	\$0	\$0	\$0	0%
7	Personnel	\$38,894,716	\$43,072,329	\$4,177,613	11%
8	Public Relations	\$3,469	\$5,278	\$1,809	52%
9	Purchasing	\$269,276	\$702,838	\$433,562	161%
10	Dietary and Cafeteria	\$3,649,804	\$3,878,840	\$229,036	6%
11	Housekeeping	\$3,290,578	\$3,343,629	\$53,051	2%
12	Laundry & Linen	\$53	\$0	(\$53)	-100%
13	Operation of Plant	\$6,001,462	\$5,345,701	(\$655,761)	-11%
14	Security	\$1,652,654	\$1,727,240	\$74,586	5%
15	Repairs and Maintenance	\$5,147,421	\$5,310,277	\$162,856	3%
16	Central Sterile Supply	\$2,706,120	\$2,292,223	(\$413,897)	-15%
17	Pharmacy Department	\$12,414,482	\$12,697,313	\$282,831	2%
18	Other General Services	\$33,341,690	\$34,831,818	\$1,490,128	4%
	<b>Total General Services</b>	<b>\$151,704,257</b>	<b>\$155,392,913</b>	<b>\$3,688,656</b>	<b>2%</b>
<b>B.</b>	<b><u>Professional Services:</u></b>				
1	Medical Care Administration	\$0	\$0	\$0	0%
2	Residency Program	\$0	\$0	\$0	0%
3	Nursing Services Administration	\$2,700,797	\$2,785,943	\$85,146	3%
4	Medical Records	\$2,630,522	\$2,750,924	\$120,402	5%
5	Social Service	\$2,417,960	\$2,392,870	(\$25,090)	-1%
6	Other Professional Services	\$0	\$0	\$0	0%
	<b>Total Professional Services</b>	<b>\$7,749,279</b>	<b>\$7,929,737</b>	<b>\$180,458</b>	<b>2%</b>
<b>C.</b>	<b><u>Special Services:</u></b>				
1	Operating Room	\$22,204,008	\$22,626,350	\$422,342	2%
2	Recovery Room	\$1,432,159	\$1,490,518	\$58,359	4%
3	Anesthesiology	\$2,403,919	\$2,090,207	(\$313,712)	-13%
4	Delivery Room	\$3,873,868	\$3,758,394	(\$115,474)	-3%
5	Diagnostic Radiology	\$5,175,499	\$5,062,625	(\$112,874)	-2%
6	Diagnostic Ultrasound	\$1,286,104	\$1,181,133	(\$104,971)	-8%
7	Radiation Therapy	\$1,477,774	\$3,490,957	\$2,013,183	136%

**BRIDGEPORT HOSPITAL**  
**TWELVE MONTHS ACTUAL FILING**  
**FISCAL YEAR 2010**  
**REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT**

(1)	(2)	(3)	(4)	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2009 ACTUAL</u>	<u>FY 2010 ACTUAL</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
8	Radioisotopes	\$672,676	\$752,522	\$79,846	12%
9	CT Scan	\$1,106,710	\$1,003,518	(\$103,192)	-9%
10	Laboratory	\$12,068,330	\$11,680,412	(\$387,918)	-3%
11	Blood Storing/Processing	\$0	\$0	\$0	0%
12	Cardiology	\$9,527,659	\$9,612,376	\$84,717	1%
13	Electrocardiology	\$1,407,814	\$1,378,621	(\$29,193)	-2%
14	Electroencephalography	\$119,217	\$124,038	\$4,821	4%
15	Occupational Therapy	\$0	\$0	\$0	0%
16	Speech Pathology	\$0	\$0	\$0	0%
17	Audiology	\$0	\$0	\$0	0%
18	Respiratory Therapy	\$2,654,465	\$2,570,754	(\$83,711)	-3%
19	Pulmonary Function	\$233,168	\$260,442	\$27,274	12%
20	Intravenous Therapy	\$0	\$0	\$0	0%
21	Shock Therapy	\$0	\$0	\$0	0%
22	Psychiatry / Psychology Services	\$1,482,524	\$1,791,128	\$308,604	21%
23	Renal Dialysis	\$631,139	\$640,297	\$9,158	1%
24	Emergency Room	\$15,151,233	\$14,689,443	(\$461,790)	-3%
25	MRI	\$0	\$0	\$0	0%
26	PET Scan	\$216,842	\$213,512	(\$3,330)	-2%
27	PET/CT Scan	\$0	\$0	\$0	0%
28	Endoscopy	\$2,460,268	\$2,379,780	(\$80,488)	-3%
29	Sleep Center	\$0	\$0	\$0	0%
30	Lithotripsy	\$0	\$0	\$0	0%
31	Cardiac Catheterization/Rehabilitation	\$0	\$0	\$0	0%
32	Occupational Therapy / Physical Therapy	\$5,220,667	\$5,228,034	\$7,367	0%
33	Dental Clinic	\$0	\$0	\$0	0%
34	Other Special Services	\$0	\$0	\$0	0%
	<b>Total Special Services</b>	<b>\$90,806,043</b>	<b>\$92,025,061</b>	<b>\$1,219,018</b>	<b>1%</b>
<b>D.</b>	<b><u>Routine Services:</u></b>				
1	Medical & Surgical Units	\$41,416,122	\$37,832,678	(\$3,583,444)	-9%
2	Intensive Care Unit	\$3,170,841	\$3,288,620	\$117,779	4%
3	Coronary Care Unit	\$0	\$0	\$0	0%
4	Psychiatric Unit	\$2,588,256	\$2,133,117	(\$455,139)	-18%
5	Pediatric Unit	\$0	\$0	\$0	0%
6	Maternity Unit	\$0	\$0	\$0	0%
7	Newborn Nursery Unit	\$0	\$0	\$0	0%
8	Neonatal ICU	\$2,611,608	\$2,392,263	(\$219,345)	-8%
9	Rehabilitation Unit	\$1,776,814	\$1,422,317	(\$354,497)	-20%
10	Ambulatory Surgery	\$8,175,815	\$8,425,936	\$250,121	3%
11	Home Care	\$0	\$0	\$0	0%
12	Outpatient Clinics	\$2,053,423	\$2,091,121	\$37,698	2%
13	Other Routine Services	\$4,267,770	\$1,925,662	(\$2,342,108)	-55%
	<b>Total Routine Services</b>	<b>\$66,060,649</b>	<b>\$59,511,714</b>	<b>(\$6,548,935)</b>	<b>-10%</b>
<b>E.</b>	<b><u>Other Departments:</u></b>				
1	Miscellaneous Other Departments	\$34,734,772	\$35,355,575	\$620,803	2%
	<b>Total Operating Expenses - All Departments*</b>	<b>\$351,055,000</b>	<b>\$350,215,000</b>	<b>(\$840,000)</b>	<b>0%</b>
	<b>*A.- 0. The total operating expenses amount above must agree with the total operating expenses amount on Report 150.</b>				

<b>BRIDGEPORT HOSPITAL</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 2010</b>				
<b>REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS</b>				
(1)	(2)	(3)	(4)	(5)
		<b>ACTUAL</b>	<b>ACTUAL</b>	<b>ACTUAL</b>
<b>LINE</b>	<b>DESCRIPTION</b>	<b>FY 2008</b>	<b>FY 2009</b>	<b>FY 2010</b>
<b>A. <u>Statement of Operations Summary</u></b>				
1	Total Net Patient Revenue	\$326,474,000	\$ 349,484,000	\$359,062,000
2	Other Operating Revenue	11,032,000	6,311,000	6,954,000
3	Total Operating Revenue	\$337,506,000	\$355,795,000	\$366,016,000
4	Total Operating Expenses	333,509,000	351,055,000	350,215,000
5	Income/(Loss) From Operations	\$3,997,000	\$4,740,000	\$15,801,000
6	Total Non-Operating Revenue	(5,238,000)	(3,150,000)	1,766,000
7	Excess/(Deficiency) of Revenue Over Expenses	(\$1,241,000)	\$1,590,000	\$17,567,000
<b>B. <u>Profitability Summary</u></b>				
1	Hospital Operating Margin	1.20%	1.34%	4.30%
2	Hospital Non Operating Margin	-1.58%	-0.89%	0.48%
3	Hospital Total Margin	-0.37%	0.45%	4.78%
4	Income/(Loss) From Operations	\$3,997,000	\$4,740,000	\$15,801,000
5	Total Operating Revenue	\$337,506,000	\$355,795,000	\$366,016,000
6	Total Non-Operating Revenue	(\$5,238,000)	(\$3,150,000)	\$1,766,000
7	Total Revenue	\$332,268,000	\$352,645,000	\$367,782,000
8	Excess/(Deficiency) of Revenue Over Expenses	(\$1,241,000)	\$1,590,000	\$17,567,000
<b>C. <u>Net Assets Summary</u></b>				
1	Hospital Unrestricted Net Assets	\$108,789,000	\$49,998,000	\$62,529,000
2	Hospital Total Net Assets	\$148,597,000	\$88,852,000	\$103,099,000
3	Hospital Change in Total Net Assets	\$1,413,000	(\$59,745,000)	\$14,247,000
4	Hospital Change in Total Net Assets %	101.0%	-40.2%	16.0%
<b>D. <u>Cost Data Summary</u></b>				
1	<b>Ratio of Cost to Charges</b>	<b>0.32</b>	<b>0.32</b>	<b>0.29</b>
2	Total Operating Expenses	\$333,443,334	\$351,055,000	\$350,215,000
3	Total Gross Revenue	\$1,040,100,488	\$1,105,534,503	\$1,185,589,696
4	Total Other Operating Revenue	\$7,318,660	\$6,491,465	\$5,828,673
5	<b>Private Payment to Cost Ratio</b>	<b>1.17</b>	<b>1.22</b>	<b>1.39</b>
6	Total Non-Government Payments	\$133,313,695	\$140,527,189	\$152,671,902

<b>BRIDGEPORT HOSPITAL</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 2010</b>				
<b>REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS</b>				
<b>(1)</b>	<b>(2)</b>	<b>(3)</b>	<b>(4)</b>	<b>(5)</b>
<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL</b>	<b>ACTUAL</b>	<b>ACTUAL</b>
		<b>FY 2008</b>	<b>FY 2009</b>	<b>FY 2010</b>
7	Total Uninsured Payments	\$4,002,244	\$2,775,269	\$3,288,819
8	Total Non-Government Charges	\$388,780,108	\$402,183,381	\$405,205,641
9	Total Uninsured Charges	\$41,993,478	\$44,664,021	\$40,560,464
<b>10</b>	<b><u>Medicare Payment to Cost Ratio</u></b>	<b>1.04</b>	<b>1.02</b>	<b>0.95</b>
11	Total Medicare Payments	\$135,279,861	\$136,815,629	\$131,046,933
12	Total Medicare Charges	\$409,694,810	\$423,451,590	\$467,532,904
<b>13</b>	<b><u>Medicaid Payment to Cost Ratio</u></b>	<b>0.81</b>	<b>0.77</b>	<b>0.72</b>
14	Total Medicaid Payments	\$51,526,264	\$55,860,939	\$59,364,198
15	Total Medicaid Charges	\$201,003,734	\$228,848,426	\$281,388,190
<b>16</b>	<b><u>Uncompensated Care Cost</u></b>	<b>\$14,002,199</b>	<b>\$15,245,620</b>	<b>\$11,054,283</b>
17	Charity Care	\$11,818,000	\$15,999,852	\$12,024,692
18	Bad Debts	\$32,166,000	\$32,293,223	\$25,581,567
19	Total Uncompensated Care	\$43,984,000	\$48,293,075	\$37,606,259
<b>20</b>	<b><u>Uncompensated Care % of Total Expenses</u></b>	<b>4.2%</b>	<b>4.3%</b>	<b>3.2%</b>
21	Total Operating Expenses	\$333,443,334	\$351,055,000	\$350,215,000
<b>E.</b>	<b><u>Liquidity Measures Summary</u></b>			
<b>1</b>	<b><u>Current Ratio</u></b>	<b>1.48</b>	<b>1.63</b>	<b>1.95</b>
2	Total Current Assets	\$72,024,000	\$75,720,000	\$101,419,000
3	Total Current Liabilities	\$48,539,000	\$46,458,000	\$52,003,000
<b>4</b>	<b><u>Days Cash on Hand</u></b>	<b>27</b>	<b>36</b>	<b>68</b>
5	Cash and Cash Equivalents	\$23,495,000	\$32,972,000	\$44,477,000
6	Short Term Investments	0	0	17,550,000
7	Total Cash and Short Term Investments	\$23,495,000	\$32,972,000	\$62,027,000
8	Total Operating Expenses	\$333,509,000	\$351,055,000	\$350,215,000
9	Depreciation Expense	\$17,159,000	\$18,962,000	\$17,768,000
10	Operating Expenses less Depreciation Expense	\$316,350,000	\$332,093,000	\$332,447,000
<b>11</b>	<b><u>Days Revenue in Patient Accounts Receivable</u></b>	<b>43.15</b>	<b>36.15</b>	<b>28.16</b>

<b>BRIDGEPORT HOSPITAL</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 2010</b>				
<b>REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS</b>				
(1)	(2)	(3)	(4)	(5)
		<b>ACTUAL</b>	<b>ACTUAL</b>	<b>ACTUAL</b>
<b>LINE</b>	<b>DESCRIPTION</b>	<b>FY 2008</b>	<b>FY 2009</b>	<b>FY 2010</b>
12	Net Patient Accounts Receivable	\$ 34,402,000	\$ 33,101,000	\$ 29,146,000
13	Due From Third Party Payers	\$4,197,000	\$1,517,000	\$1,411,000
14	Due To Third Party Payers	\$0	\$0	\$2,857,000
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$ 38,599,000	\$ 34,618,000	\$ 27,700,000
16	Total Net Patient Revenue	\$326,474,000	\$ 349,484,000	\$ 359,062,000
17	<b><u>Average Payment Period</u></b>	<b>56.00</b>	<b>51.06</b>	<b>57.10</b>
18	Total Current Liabilities	\$48,539,000	\$46,458,000	\$52,003,000
19	Total Operating Expenses	\$333,509,000	\$351,055,000	\$350,215,000
20	Depreciation Expense	\$17,159,000	\$18,962,000	\$17,768,000
21	Total Operating Expenses less Depreciation Expense	\$316,350,000	\$332,093,000	\$332,447,000
<b>F. <u>Solvency Measures Summary</u></b>				
1	<b><u>Equity Financing Ratio</u></b>	<b>51.5</b>	<b>32.0</b>	<b>34.6</b>
2	Total Net Assets	\$148,597,000	\$88,852,000	\$103,099,000
3	Total Assets	\$288,482,000	\$277,845,000	\$298,261,000
4	<b><u>Cash Flow to Total Debt Ratio</u></b>	<b>15.7</b>	<b>21.3</b>	<b>35.6</b>
5	Excess/(Deficiency) of Revenues Over Expenses	(\$1,241,000)	\$1,590,000	\$17,567,000
6	Depreciation Expense	\$17,159,000	\$18,962,000	\$17,768,000
7	Excess of Revenues Over Expenses and Depreciation Expense	\$15,918,000	\$20,552,000	\$35,335,000
8	Total Current Liabilities	\$48,539,000	\$46,458,000	\$52,003,000
9	Total Long Term Debt	\$52,875,000	\$50,090,000	\$47,145,000
10	Total Current Liabilities and Total Long Term Debt	\$101,414,000	\$96,548,000	\$99,148,000
11	<b><u>Long Term Debt to Capitalization Ratio</u></b>	<b>26.2</b>	<b>36.1</b>	<b>31.4</b>
12	Total Long Term Debt	\$52,875,000	\$50,090,000	\$47,145,000
13	Total Net Assets	\$148,597,000	\$88,852,000	\$103,099,000
14	Total Long Term Debt and Total Net Assets	\$201,472,000	\$138,942,000	\$150,244,000
15	<b><u>Debt Service Coverage Ratio</u></b>	<b>5.6</b>	<b>4.0</b>	<b>6.6</b>
16	Excess Revenues over Expenses	(\$1,241,000)	\$1,590,000	\$17,567,000
17	Interest Expense	\$3,483,000	\$3,200,000	\$3,059,000
18	Depreciation and Amortization Expense	\$17,159,000	\$18,962,000	\$17,768,000

<b>BRIDGEPORT HOSPITAL</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 2010</b>				
<b>REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS</b>				
<b>(1)</b>	<b>(2)</b>	<b>(3)</b>	<b>(4)</b>	<b>(5)</b>
<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL FY 2008</b>	<b>ACTUAL FY 2009</b>	<b>ACTUAL FY 2010</b>
19	Principal Payments	\$0	\$2,795,000	\$2,785,000
<b>G. <u>Other Financial Ratios</u></b>				
20	<b>Average Age of Plant</b>	<b>14.1</b>	<b>13.7</b>	<b>14.0</b>
21	Accumulated Depreciation	\$242,387,000	\$260,098,000	\$248,840,000
22	Depreciation and Amortization Expense	\$17,159,000	\$18,962,000	\$17,768,000
<b>H. <u>Utilization Measures Summary</u></b>				
1	Patient Days	106,845	103,601	104,729
2	Discharges	20,022	19,808	19,044
3	ALOS	5.3	5.2	5.5
4	Staffed Beds	302	288	290
5	Available Beds	-	377	397
6	Licensed Beds	425	425	425
6	Occupancy of Staffed Beds	96.9%	98.6%	98.9%
7	Occupancy of Available Beds	75.3%	75.3%	72.3%
8	Full Time Equivalent Employees	2,079.8	2,039.5	2,015.4
<b>I. <u>Hospital Gross Revenue Payer Mix Percentage</u></b>				
1	Non-Government Gross Revenue Payer Mix Percentage	33.3%	32.3%	30.8%
2	Medicare Gross Revenue Payer Mix Percentage	39.4%	38.3%	39.4%
3	Medicaid Gross Revenue Payer Mix Percentage	19.3%	20.7%	23.7%
4	Other Medical Assistance Gross Revenue Payer Mix Percentage	3.8%	4.5%	2.5%
5	Uninsured Gross Revenue Payer Mix Percentage	4.0%	4.0%	3.4%
6	CHAMPUS / TRICARE Gross Revenue Payer Mix Percentage	0.1%	0.2%	0.1%
7	Total Gross Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Gross Revenue (Charges)	\$346,786,630	\$357,519,360	\$364,645,177
9	Medicare Gross Revenue (Charges)	\$409,694,810	\$423,451,590	\$467,532,904
10	Medicaid Gross Revenue (Charges)	\$201,003,734	\$228,848,426	\$281,388,190
11	Other Medical Assistance Gross Revenue (Charges)	\$39,353,059	\$49,358,338	\$30,002,291
12	Uninsured Gross Revenue (Charges)	\$41,993,478	\$44,664,021	\$40,560,464
13	CHAMPUS / TRICARE Gross Revenue (Charges)	\$1,268,777	\$1,692,768	\$1,460,670
14	Total Gross Revenue (Charges)	\$1,040,100,488	\$1,105,534,503	\$1,185,589,696
<b>J. <u>Hospital Net Revenue Payer Mix Percentage</u></b>				
1	Non-Government Net Revenue Payer Mix Percentage	39.7%	40.5%	43.1%

BRIDGEPORT HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2010				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2008	FY 2009	FY 2010
2	Medicare Net Revenue Payer Mix Percentage	41.5%	40.2%	37.8%
3	Medicaid Net Revenue Payer Mix Percentage	15.8%	16.4%	17.1%
4	Other Medical Assistance Net Revenue Payer Mix Percentage	1.6%	1.8%	0.9%
5	Uninsured Net Revenue Payer Mix Percentage	1.2%	0.8%	0.9%
6	CHAMPUS / TRICARE Net Revenue Payer Mix Percentage	0.1%	0.1%	0.1%
7	Total Net Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Net Revenue (Payments)	\$129,311,451	\$137,751,920	\$149,383,083
9	Medicare Net Revenue (Payments)	\$135,279,861	\$136,815,629	\$131,046,933
10	Medicaid Net Revenue (Payments)	\$51,526,264	\$55,860,939	\$59,364,198
11	Other Medical Assistance Net Revenue (Payments)	\$5,215,164	\$6,240,889	\$3,015,408
12	Uninsured Net Revenue (Payments)	\$4,002,244	\$2,775,269	\$3,288,819
13	CHAMPUS / TRICARE Net Revenue Payments)	\$312,638	\$478,723	\$252,567
14	Total Net Revenue (Payments)	\$325,647,622	\$339,923,369	\$346,351,008
<b>K.</b>	<b>Discharges</b>			
1	Non-Government (Including Self Pay / Uninsured)	7,478	7,016	6,407
2	Medicare	7,096	7,107	6,937
3	Medical Assistance	5,415	5,662	5,672
4	Medicaid	4,759	4,962	5,266
5	Other Medical Assistance	656	700	406
6	CHAMPUS / TRICARE	33	23	28
7	Uninsured (Included In Non-Government)	375	398	311
8	Total	20,022	19,808	19,044
<b>L.</b>	<b>Case Mix Index</b>			
1	Non-Government (Including Self Pay / Uninsured)	1.169770	1.137170	1.182770
2	Medicare	1.612240	1.642520	1.662250
3	Medical Assistance	0.956343	0.955779	1.018771
4	Medicaid	0.928290	0.961570	1.001910
5	Other Medical Assistance	1.159860	0.914730	1.237470
6	CHAMPUS / TRICARE	1.116410	1.427960	1.046400
7	Uninsured (Included In Non-Government)	1.274330	1.215740	1.182850
8	Total Case Mix Index	1.268776	1.266974	1.308380
<b>M.</b>	<b>Emergency Department Visits</b>			
1	Emergency Room - Treated and Admitted	10,058	10,610	10,660
2	Emergency Room - Treated and Discharged	56,580	66,812	65,012
3	Total Emergency Room Visits	66,638	77,422	75,672

**BRIDGEPORT HOSPITAL**  
**TWELVE MONTHS ACTUAL FILING**  
**FISCAL YEAR 2010**  
**REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>I. MEDICARE MANAGED CARE</b>					
<b>A. ANTHEM - MEDICARE BLUE CONNECTICUT</b>					
1	Inpatient Charges	\$1,179,026	\$2,201,038	\$1,022,012	87%
2	Inpatient Payments	\$383,760	\$439,494	\$55,734	15%
3	Outpatient Charges	\$468,345	\$943,612	\$475,267	101%
4	Outpatient Payments	\$162,218	\$327,875	\$165,657	102%
5	Discharges	30	23	(7)	-23%
6	Patient Days	200	227	27	14%
7	Outpatient Visits (Excludes ED Visits)	84	151	67	80%
8	Emergency Department Outpatient Visits	21	23	2	10%
9	Emergency Department Inpatient Admissions	21	13	(8)	-38%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$1,647,371</b>	<b>\$3,144,650</b>	<b>\$1,497,279</b>	<b>91%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$545,978</b>	<b>\$767,369</b>	<b>\$221,391</b>	<b>41%</b>
<b>B. CIGNA HEALTHCARE</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>C. CONNECTICARE, INC.</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>

**BRIDGEPORT HOSPITAL  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2010  
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>D. HEALTHNET OF CONNECTICUT</b>					
1	Inpatient Charges	\$80,362,530	\$80,142,154	(\$220,376)	0%
2	Inpatient Payments	\$25,612,838	\$24,107,191	(\$1,505,647)	-6%
3	Outpatient Charges	\$23,371,878	\$28,586,100	\$5,214,222	22%
4	Outpatient Payments	\$5,973,009	\$5,800,111	(\$172,898)	-3%
5	Discharges	1,714	1,623	(91)	-5%
6	Patient Days	12,283	11,261	(1,022)	-8%
7	Outpatient Visits (Excludes ED Visits)	5,099	5,608	509	10%
8	Emergency Department Outpatient Visits	1,180	1,199	19	2%
9	Emergency Department Inpatient Admissions	1,238	1,211	(27)	-2%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$103,734,408</b>	<b>\$108,728,254</b>	<b>\$4,993,846</b>	<b>5%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$31,585,847</b>	<b>\$29,907,302</b>	<b>(\$1,678,545)</b>	<b>-5%</b>
<b>E. OTHER MEDICARE MANAGED CARE</b>					
1	Inpatient Charges	\$10,961,295	\$16,427,325	\$5,466,030	50%
2	Inpatient Payments	\$3,529,537	\$4,777,446	\$1,247,909	35%
3	Outpatient Charges	\$4,452,037	\$5,732,255	\$1,280,218	29%
4	Outpatient Payments	\$1,116,167	\$1,390,204	\$274,037	25%
5	Discharges	235	304	69	29%
6	Patient Days	1,585	2,201	616	39%
7	Outpatient Visits (Excludes ED Visits)	995	1,368	373	37%
8	Emergency Department Outpatient Visits	328	413	85	26%
9	Emergency Department Inpatient Admissions	169	229	60	36%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$15,413,332</b>	<b>\$22,159,580</b>	<b>\$6,746,248</b>	<b>44%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$4,645,704</b>	<b>\$6,167,650</b>	<b>\$1,521,946</b>	<b>33%</b>
<b>F. OXFORD HEALTH PLANS, INC - MEDICARE ADVANTAGE</b>					
1	Inpatient Charges	\$16,602	\$46,958	\$30,356	183%
2	Inpatient Payments	\$8,636	\$15,351	\$6,715	78%
3	Outpatient Charges	\$36,335	\$76,771	\$40,436	111%
4	Outpatient Payments	\$12,888	\$24,553	\$11,665	91%
5	Discharges	1	1	0	0%
6	Patient Days	1	3	2	200%
7	Outpatient Visits (Excludes ED Visits)	8	11	3	38%
8	Emergency Department Outpatient Visits	2	5	3	150%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$52,937</b>	<b>\$123,729</b>	<b>\$70,792</b>	<b>134%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$21,524</b>	<b>\$39,904</b>	<b>\$18,380</b>	<b>85%</b>

**BRIDGEPORT HOSPITAL**  
**TWELVE MONTHS ACTUAL FILING**  
**FISCAL YEAR 2010**  
**REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>G. UNITED HEALTHCARE INSURANCE COMPANY</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>H. WELLCARE OF CONNECTICUT</b>					
1	Inpatient Charges	\$5,827,817	\$4,770,326	(\$1,057,491)	-18%
2	Inpatient Payments	\$1,723,811	\$1,388,855	(\$334,956)	-19%
3	Outpatient Charges	\$3,267,407	\$2,268,827	(\$998,580)	-31%
4	Outpatient Payments	\$715,573	\$497,182	(\$218,391)	-31%
5	Discharges	151	118	(33)	-22%
6	Patient Days	860	830	(30)	-3%
7	Outpatient Visits (Excludes ED Visits)	1,191	811	(380)	-32%
8	Emergency Department Outpatient Visits	382	253	(129)	-34%
9	Emergency Department Inpatient Admissions	123	102	(21)	-17%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$9,095,224</b>	<b>\$7,039,153</b>	<b>(\$2,056,071)</b>	<b>-23%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$2,439,384</b>	<b>\$1,886,037</b>	<b>(\$553,347)</b>	<b>-23%</b>
<b>I. AETNA</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$15,338	\$15,338	0%
4	Outpatient Payments	\$0	\$2,455	\$2,455	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	8	8	0%
8	Emergency Department Outpatient Visits	0	12	12	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$15,338</b>	<b>\$15,338</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$2,455</b>	<b>\$2,455</b>	<b>0%</b>

**BRIDGEPORT HOSPITAL**  
**TWELVE MONTHS ACTUAL FILING**  
**FISCAL YEAR 2010**  
**REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>J. HUMANA</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>K. SECURE HORIZONS</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>L. UNICARE LIFE &amp; HEALTH INSURANCE</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>

**BRIDGEPORT HOSPITAL  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2010  
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>M. UNIVERSAL AMERICAN</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>N. EVERCARE</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>II. TOTAL MEDICARE MANAGED CARE</b>					
	<b>TOTAL INPATIENT CHARGES</b>	<b>\$98,347,270</b>	<b>\$103,587,801</b>	<b>\$5,240,531</b>	<b>5%</b>
	<b>TOTAL INPATIENT PAYMENTS</b>	<b>\$31,258,582</b>	<b>\$30,728,337</b>	<b>(\$530,245)</b>	<b>-2%</b>
	<b>TOTAL OUTPATIENT CHARGES</b>	<b>\$31,596,002</b>	<b>\$37,622,903</b>	<b>\$6,026,901</b>	<b>19%</b>
	<b>TOTAL OUTPATIENT PAYMENTS</b>	<b>\$7,979,855</b>	<b>\$8,042,380</b>	<b>\$62,525</b>	<b>1%</b>
	<b>TOTAL DISCHARGES</b>	<b>2,131</b>	<b>2,069</b>	<b>(62)</b>	<b>-3%</b>
	<b>TOTAL PATIENT DAYS</b>	<b>14,929</b>	<b>14,522</b>	<b>(407)</b>	<b>-3%</b>
	<b>TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)</b>	<b>7,377</b>	<b>7,957</b>	<b>580</b>	<b>8%</b>
	<b>TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS</b>	<b>1,913</b>	<b>1,905</b>	<b>(8)</b>	<b>0%</b>
	<b>TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS</b>	<b>1,551</b>	<b>1,555</b>	<b>4</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$129,943,272</b>	<b>\$141,210,704</b>	<b>\$11,267,432</b>	<b>9%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$39,238,437</b>	<b>\$38,770,717</b>	<b>(\$467,720)</b>	<b>-1%</b>

**BRIDGEPORT HOSPITAL  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2010  
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

(1)	(2)	(3) FY 2009 ACTUAL	(4) FY 2010 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
<b>I. MEDICAID MANAGED CARE</b>					
<b>A. ANTHEM BLUE CROSS AND BLUE SHIELD OF CONNECTICUT</b>					
1	Inpatient Charges	\$4,084,707	\$0	(\$4,084,707)	-100%
2	Inpatient Payments	\$988,180	\$0	(\$988,180)	-100%
3	Outpatient Charges	\$5,545,166	\$0	(\$5,545,166)	-100%
4	Outpatient Payments	\$1,304,410	\$0	(\$1,304,410)	-100%
5	Discharges	242	0	(242)	-100%
6	Patient Days	724	0	(724)	-100%
7	Outpatient Visits (Excludes ED Visits)	2,175	0	(2,175)	-100%
8	Emergency Department Outpatient Visits	1,720	0	(1,720)	-100%
9	Emergency Department Inpatient Admissions	71	0	(71)	-100%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$9,629,873</b>	<b>\$0</b>	<b>(\$9,629,873)</b>	<b>-100%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$2,292,590</b>	<b>\$0</b>	<b>(\$2,292,590)</b>	<b>-100%</b>
<b>B. COMMUNITY HEALTH NETWORK OF CT</b>					
1	Inpatient Charges	\$30,373,454	\$37,186,015	\$6,812,561	22%
2	Inpatient Payments	\$7,460,545	\$8,029,726	\$569,181	8%
3	Outpatient Charges	\$40,377,210	\$49,587,736	\$9,210,526	23%
4	Outpatient Payments	\$9,098,203	\$8,821,982	(\$276,221)	-3%
5	Discharges	1,464	1,684	220	15%
6	Patient Days	5,123	6,255	1,132	22%
7	Outpatient Visits (Excludes ED Visits)	15,430	18,074	2,644	17%
8	Emergency Department Outpatient Visits	12,666	12,900	234	2%
9	Emergency Department Inpatient Admissions	516	628	112	22%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$70,750,664</b>	<b>\$86,773,751</b>	<b>\$16,023,087</b>	<b>23%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$16,558,748</b>	<b>\$16,851,708</b>	<b>\$292,960</b>	<b>2%</b>
<b>C. HEALTHNET OF THE NORTHEAST, INC.</b>					
1	Inpatient Charges	\$6,899,887	\$10,051,212	\$3,151,325	46%
2	Inpatient Payments	\$1,692,787	\$2,043,781	\$350,994	21%
3	Outpatient Charges	\$6,974,029	\$13,086,163	\$6,112,134	88%
4	Outpatient Payments	\$1,561,159	\$2,345,714	\$784,555	50%
5	Discharges	369	502	133	36%
6	Patient Days	1,187	1,580	393	33%
7	Outpatient Visits (Excludes ED Visits)	3,132	4,849	1,717	55%
8	Emergency Department Outpatient Visits	2,066	3,159	1,093	53%
9	Emergency Department Inpatient Admissions	104	150	46	44%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$13,873,916</b>	<b>\$23,137,375</b>	<b>\$9,263,459</b>	<b>67%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$3,253,946</b>	<b>\$4,389,495</b>	<b>\$1,135,549</b>	<b>35%</b>

**BRIDGEPORT HOSPITAL  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2010  
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

(1)	(2)	(3) FY 2009 ACTUAL	(4) FY 2010 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
<b>D. OTHER MEDICAID MANAGED CARE</b>					
1	Inpatient Charges	\$0	\$640,526	\$640,526	0%
2	Inpatient Payments	\$0	\$134,428	\$134,428	0%
3	Outpatient Charges	\$2,354	\$178,808	\$176,454	7496%
4	Outpatient Payments	\$430	\$29,325	\$28,895	6720%
5	Discharges	0	27	27	0%
6	Patient Days	0	94	94	0%
7	Outpatient Visits (Excludes ED Visits)	2	4	2	100%
8	Emergency Department Outpatient Visits	0	100	100	0%
9	Emergency Department Inpatient Admissions	0	23	23	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$2,354</b>	<b>\$819,334</b>	<b>\$816,980</b>	<b>34706%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$430</b>	<b>\$163,753</b>	<b>\$163,323</b>	<b>37982%</b>
<b>E. WELLCARE OF CONNECTICUT</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>F. FIRST CHOICE OF CONNECTICUT, PREFERRED ONE</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%

**BRIDGEPORT HOSPITAL  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2010  
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

(1)	(2)	(3) FY 2009 ACTUAL	(4) FY 2010 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>G. UNITED HEALTHCARE</b>				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$4,092	\$40	(\$4,052)	-99%
4	Outpatient Payments	\$2,930	\$6	(\$2,924)	-100%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	1	1	0	0%
8	Emergency Department Outpatient Visits	3	0	(3)	-100%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$4,092</b>	<b>\$40</b>	<b>(\$4,052)</b>	<b>-99%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$2,930</b>	<b>\$6</b>	<b>(\$2,924)</b>	<b>-100%</b>
	<b>H. AETNA</b>				
1	Inpatient Charges	\$10,701,522	\$13,336,939	\$2,635,417	25%
2	Inpatient Payments	\$2,567,518	\$2,812,874	\$245,356	10%
3	Outpatient Charges	\$11,506,342	\$18,493,333	\$6,986,991	61%
4	Outpatient Payments	\$2,535,901	\$3,192,664	\$656,763	26%
5	Discharges	485	683	198	41%
6	Patient Days	1,729	2,164	435	25%
7	Outpatient Visits (Excludes ED Visits)	4,672	6,846	2,174	47%
8	Emergency Department Outpatient Visits	3,079	4,441	1,362	44%
9	Emergency Department Inpatient Admissions	132	219	87	66%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$22,207,864</b>	<b>\$31,830,272</b>	<b>\$9,622,408</b>	<b>43%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$5,103,419</b>	<b>\$6,005,538</b>	<b>\$902,119</b>	<b>18%</b>
	<b>II. TOTAL MEDICAID MANAGED CARE</b>				
	<b>TOTAL INPATIENT CHARGES</b>	<b>\$52,059,570</b>	<b>\$61,214,692</b>	<b>\$9,155,122</b>	<b>18%</b>
	<b>TOTAL INPATIENT PAYMENTS</b>	<b>\$12,709,030</b>	<b>\$13,020,809</b>	<b>\$311,779</b>	<b>2%</b>
	<b>TOTAL OUTPATIENT CHARGES</b>	<b>\$64,409,193</b>	<b>\$81,346,080</b>	<b>\$16,936,887</b>	<b>26%</b>
	<b>TOTAL OUTPATIENT PAYMENTS</b>	<b>\$14,503,033</b>	<b>\$14,389,691</b>	<b>(\$113,342)</b>	<b>-1%</b>
	<b>TOTAL DISCHARGES</b>	<b>2,560</b>	<b>2,896</b>	<b>336</b>	<b>13%</b>
	<b>TOTAL PATIENT DAYS</b>	<b>8,763</b>	<b>10,093</b>	<b>1,330</b>	<b>15%</b>
	<b>TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)</b>	<b>25,412</b>	<b>29,774</b>	<b>4,362</b>	<b>17%</b>
	<b>TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS</b>	<b>19,534</b>	<b>20,600</b>	<b>1,066</b>	<b>5%</b>
	<b>TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS</b>	<b>823</b>	<b>1,020</b>	<b>197</b>	<b>24%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$116,468,763</b>	<b>\$142,560,772</b>	<b>\$26,092,009</b>	<b>22%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$27,212,063</b>	<b>\$27,410,500</b>	<b>\$198,437</b>	<b>1%</b>

**BRIDGEPORT HOSPITAL  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2010  
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE

<b>BRIDGEPORT HOSPITAL &amp; HEALTHCARE SERVICES, INC.</b>					
<b>TWELVE MONTHS ACTUAL FILING</b>					
<b>FISCAL YEAR 2010</b>					
<b>REPORT 300 - HOSPITAL BALANCE SHEET INFORMATION</b>					
<b>(1)</b>	<b>(2)</b>	<b>(3)</b>	<b>(4)</b>	<b>(5)</b>	<b>(6)</b>
<b>LINE</b>	<b>DESCRIPTION</b>	<b>FY 2009 ACTUAL</b>	<b>FY 2010 ACTUAL</b>	<b>AMOUNT DIFFERENCE</b>	<b>% DIFFERENCE</b>
<b>I.</b>	<b>ASSETS</b>				
<b>A.</b>	<b>Current Assets:</b>				
1	Cash and Cash Equivalents	\$35,088,000	\$45,152,000	\$10,064,000	29%
2	Short Term Investments	\$0	\$42,391,000	\$42,391,000	0%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$34,835,000	\$29,146,000	(\$5,689,000)	-16%
4	Current Assets Whose Use is Limited for Current Liabilities	\$0	\$0	\$0	0%
5	Due From Affiliates	\$0	\$0	\$0	0%
6	Due From Third Party Payers	\$0	\$1,411,000	\$1,411,000	0%
7	Inventories of Supplies	\$3,286,000	\$3,852,000	\$566,000	17%
8	Prepaid Expenses	\$1,796,000	\$1,895,000	\$99,000	6%
9	Other Current Assets	\$4,761,000	\$4,297,000	(\$464,000)	-10%
	<b>Total Current Assets</b>	<b>\$79,766,000</b>	<b>\$128,144,000</b>	<b>\$48,378,000</b>	<b>61%</b>
<b>B.</b>	<b>Noncurrent Assets Whose Use is Limited:</b>				
1	Held by Trustee	\$580,000	\$548,000	(\$32,000)	-6%
2	Board Designated for Capital Acquisition	\$0	\$0	\$0	0%
3	Funds Held in Escrow	\$5,845,000	\$5,788,000	(\$57,000)	-1%
4	Other Noncurrent Assets Whose Use is Limited	\$0	\$0	\$0	0%
	<b>Total Noncurrent Assets Whose Use is Limited:</b>	<b>\$6,425,000</b>	<b>\$6,336,000</b>	<b>(\$89,000)</b>	<b>-1%</b>
5	Interest in Net Assets of Foundation	\$0	\$0	\$0	0%
6	Long Term Investments	\$67,769,000	\$40,789,000	(\$26,980,000)	-40%
7	Other Noncurrent Assets	\$9,337,000	\$8,933,000	(\$404,000)	-4%
<b>C.</b>	<b>Net Fixed Assets:</b>				
1	Property, Plant and Equipment	\$370,563,000	\$362,880,000	(\$7,683,000)	-2%
2	Less: Accumulated Depreciation	\$261,403,000	\$249,254,000	(\$12,149,000)	(\$0)
	<b>Property, Plant and Equipment, Net</b>	<b>\$109,160,000</b>	<b>\$113,626,000</b>	<b>\$4,466,000</b>	<b>4%</b>
3	Construction in Progress	\$12,497,000	\$4,946,000	(\$7,551,000)	-60%
	<b>Total Net Fixed Assets</b>	<b>\$121,657,000</b>	<b>\$118,572,000</b>	<b>(\$3,085,000)</b>	<b>-3%</b>
	<b>Total Assets</b>	<b>\$284,954,000</b>	<b>\$302,774,000</b>	<b>\$17,820,000</b>	<b>6%</b>

<b>BRIDGEPORT HOSPITAL &amp; HEALTHCARE SERVICES, INC.</b>					
<b>TWELVE MONTHS ACTUAL FILING</b>					
<b>FISCAL YEAR 2010</b>					
<b>REPORT 300 - HOSPITAL BALANCE SHEET INFORMATION</b>					
<b>(1)</b>	<b>(2)</b>	<b>(3)</b>	<b>(4)</b>	<b>(5)</b>	<b>(6)</b>
<b>LINE</b>	<b>DESCRIPTION</b>	<b>FY 2009 ACTUAL</b>	<b>FY 2010 ACTUAL</b>	<b>AMOUNT DIFFERENCE</b>	<b>% DIFFERENCE</b>
<b>II. LIABILITIES AND NET ASSETS</b>					
<b>A. Current Liabilities:</b>					
1	Accounts Payable and Accrued Expenses	\$8,968,000	\$11,257,000	\$2,289,000	26%
2	Salaries, Wages and Payroll Taxes	\$37,350,000	\$34,944,000	(\$2,406,000)	-6%
3	Due To Third Party Payers	\$0	\$2,860,000	\$2,860,000	0%
4	Due To Affiliates	\$0	\$0	\$0	0%
5	Current Portion of Long Term Debt	\$2,785,000	\$2,945,000	\$160,000	6%
6	Current Portion of Notes Payable	\$0	\$0	\$0	0%
7	Other Current Liabilities	\$0	\$0	\$0	0%
	<b>Total Current Liabilities</b>	<b>\$49,103,000</b>	<b>\$52,006,000</b>	<b>\$2,903,000</b>	<b>6%</b>
<b>B. Long Term Debt:</b>					
1	Bonds Payable (Net of Current Portion)	\$50,090,000	\$47,145,000	(\$2,945,000)	-6%
2	Notes Payable (Net of Current Portion)	\$0	\$0	\$0	0%
	<b>Total Long Term Debt</b>	<b>\$50,090,000</b>	<b>\$47,145,000</b>	<b>(\$2,945,000)</b>	<b>-6%</b>
3	Accrued Pension Liability	\$54,221,000	\$55,462,000	\$1,241,000	2%
4	Other Long Term Liabilities	\$44,849,000	\$47,569,000	\$2,720,000	6%
	<b>Total Long Term Liabilities</b>	<b>\$149,160,000</b>	<b>\$150,176,000</b>	<b>\$1,016,000</b>	<b>1%</b>
5	Interest in Net Assets of Affiliates or Joint	\$0	\$0	\$0	0%
<b>C. Net Assets:</b>					
1	Unrestricted Net Assets or Equity	\$47,837,000	\$60,022,000	\$12,185,000	25%
2	Temporarily Restricted Net Assets	\$26,622,000	\$23,262,000	(\$3,360,000)	-13%
3	Permanently Restricted Net Assets	\$12,232,000	\$17,308,000	\$5,076,000	41%
	<b>Total Net Assets</b>	<b>\$86,691,000</b>	<b>\$100,592,000</b>	<b>\$13,901,000</b>	<b>16%</b>
	<b>Total Liabilities and Net Assets</b>	<b>\$284,954,000</b>	<b>\$302,774,000</b>	<b>\$17,820,000</b>	<b>6%</b>

BRIDGEPORT HOSPITAL & HEALTHCARE SERVICES, INC.					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT 350 - HOSPITAL STATEMENT OF OPERATIONS INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>A. Operating Revenue:</b>					
1	Total Gross Patient Revenue	\$1,155,983,000	\$1,211,791,000	\$55,808,000	5%
2	Less: Allowances	\$740,508,000	\$810,016,000	\$69,508,000	9%
3	Less: Charity Care	\$35,961,000	\$25,339,000	(\$10,622,000)	-30%
4	Less: Other Deductions	\$8,234,000	\$7,004,000	(\$1,230,000)	-15%
	<b>Total Net Patient Revenue</b>	<b>\$371,280,000</b>	<b>\$369,432,000</b>	<b>(\$1,848,000)</b>	<b>0%</b>
5	Other Operating Revenue	\$5,322,000	\$6,446,000	\$1,124,000	21%
6	Net Assets Released from Restrictions	\$4,386,000	\$4,135,000	(\$251,000)	-6%
	<b>Total Operating Revenue</b>	<b>\$380,988,000</b>	<b>\$380,013,000</b>	<b>(\$975,000)</b>	<b>0%</b>
<b>B. Operating Expenses:</b>					
1	Salaries and Wages	\$152,260,000	\$139,816,000	(\$12,444,000)	-8%
2	Fringe Benefits	\$43,009,000	\$44,208,000	\$1,199,000	3%
3	Physicians Fees	\$4,105,000	\$14,982,000	\$10,877,000	265%
4	Supplies and Drugs	\$51,905,000	\$45,842,000	(\$6,063,000)	-12%
5	Depreciation and Amortization	\$19,468,000	\$17,942,000	(\$1,526,000)	-8%
6	Bad Debts	\$14,535,000	\$13,505,000	(\$1,030,000)	-7%
7	Interest	\$3,200,000	\$3,059,000	(\$141,000)	-4%
8	Malpractice	\$12,652,000	\$10,036,000	(\$2,616,000)	-21%
9	Other Operating Expenses	\$76,466,000	\$76,609,000	\$143,000	0%
	<b>Total Operating Expenses</b>	<b>\$377,600,000</b>	<b>\$365,999,000</b>	<b>(\$11,601,000)</b>	<b>-3%</b>
	<b>Income/(Loss) From Operations</b>	<b>\$3,388,000</b>	<b>\$14,014,000</b>	<b>\$10,626,000</b>	<b>314%</b>
<b>C. Non-Operating Revenue:</b>					
1	Income from Investments	\$0	\$0	\$0	0%
2	Gifts, Contributions and Donations	\$0	\$0	\$0	0%
3	Other Non-Operating Gains/(Losses)	(\$4,987,000)	\$269,000	\$5,256,000	-105%
	<b>Total Non-Operating Revenue</b>	<b>(\$4,987,000)</b>	<b>\$269,000</b>	<b>\$5,256,000</b>	<b>-105%</b>
	<b>Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)</b>	<b>(\$1,599,000)</b>	<b>\$14,283,000</b>	<b>\$15,882,000</b>	<b>-993%</b>
<b>Other Adjustments:</b>					
	Unrealized Gains/(Losses)	\$1,442,000	\$1,497,000	\$55,000	4%
	All Other Adjustments	\$0	\$0	\$0	0%
	<b>Total Other Adjustments</b>	<b>\$1,442,000</b>	<b>\$1,497,000</b>	<b>\$55,000</b>	<b>4%</b>
	<b>Excess/(Deficiency) of Revenue Over Expenses</b>	<b>(\$157,000)</b>	<b>\$15,780,000</b>	<b>\$15,937,000</b>	<b>-10151%</b>

## BRIDGEPORT HOSPITAL &amp; HEALTHCARE SERVICES, INC.

## TWELVE MONTHS ACTUAL FILING

## FISCAL YEAR 2010

## REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS

(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
<b>LINE</b>	<b>DESCRIPTION</b>	<b>FY 2008</b>	<b>FY 2009</b>	<b>FY 2010</b>
<b>A. Parent Corporation Statement of Operations Summary</b>				
1	Net Patient Revenue	\$344,957,000	\$371,280,000	\$369,432,000
2	Other Operating Revenue	13,675,000	9,708,000	10,581,000
3	Total Operating Revenue	\$358,632,000	\$380,988,000	\$380,013,000
4	Total Operating Expenses	355,079,000	377,600,000	365,999,000
5	Income/(Loss) From Operations	\$3,553,000	\$3,388,000	\$14,014,000
6	Total Non-Operating Revenue	(5,514,000)	(3,545,000)	1,766,000
7	Excess/(Deficiency) of Revenue Over Expenses	(\$1,961,000)	(\$157,000)	\$15,780,000
<b>B. Parent Corporation Profitability Summary</b>				
1	Parent Corporation Operating Margin	1.01%	0.90%	3.67%
2	Parent Corporation Non-Operating Margin	-1.56%	-0.94%	0.46%
3	Parent Corporation Total Margin	-0.56%	-0.04%	4.13%
4	Income/(Loss) From Operations	\$3,553,000	\$3,388,000	\$14,014,000
5	Total Operating Revenue	\$358,632,000	\$380,988,000	\$380,013,000
6	Total Non-Operating Revenue	(\$5,514,000)	(\$3,545,000)	\$1,766,000
7	Total Revenue	\$353,118,000	\$377,443,000	\$381,779,000
8	Excess/(Deficiency) of Revenue Over Expenses	(\$1,961,000)	(\$157,000)	\$15,780,000
<b>C. Parent Corporation Net Assets Summary</b>				
1	Parent Corporation Unrestricted Net Assets	\$110,103,000	\$47,837,000	\$60,022,000
2	Parent Corporation Total Net Assets	\$149,911,000	\$86,691,000	\$100,592,000
3	Parent Corporation Change in Total Net Assets	\$1,034,000	(\$63,220,000)	\$13,901,000
4	Parent Corporation Change in Total Net Assets %	100.7%	-42.2%	16.0%

<b>BRIDGEPORT HOSPITAL &amp; HEALTHCARE SERVICES, INC.</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 2010</b>				
<b>REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS</b>				
<b>(1)</b>	<b>(2)</b>	<b>(3)</b>	<b>(4)</b>	<b>(5)</b>
		<b>ACTUAL</b>	<b>ACTUAL</b>	<b>ACTUAL</b>
<b>LINE</b>	<b>DESCRIPTION</b>	<b>FY 2008</b>	<b>FY 2009</b>	<b>FY 2010</b>
<b>D. Liquidity Measures Summary</b>				
<b>1</b>	<b>Current Ratio</b>	<b>1.55</b>	<b>1.62</b>	<b>2.46</b>
2	Total Current Assets	\$79,848,000	\$79,766,000	\$128,144,000
3	Total Current Liabilities	\$51,646,000	\$49,103,000	\$52,006,000
<b>4</b>	<b>Days Cash on Hand</b>	<b>32</b>	<b>36</b>	<b>92</b>
5	Cash and Cash Equivalents	\$29,605,000	\$35,088,000	\$45,152,000
6	Short Term Investments	0	0	42,391,000
7	Total Cash and Short Term Investments	\$29,605,000	\$35,088,000	\$87,543,000
8	Total Operating Expenses	\$355,079,000	\$377,600,000	\$365,999,000
9	Depreciation Expense	\$17,338,000	\$19,468,000	\$17,942,000
10	Operating Expenses less Depreciation Expense	\$337,741,000	\$358,132,000	\$348,057,000
<b>11</b>	<b>Days Revenue in Patient Accounts Receivable</b>	<b>38</b>	<b>34</b>	<b>27</b>
12	Net Patient Accounts Receivable	\$ 36,168,000	\$ 34,835,000	\$ 29,146,000
13	Due From Third Party Payers	\$0	\$0	\$1,411,000
14	Due To Third Party Payers	\$0	\$0	\$2,860,000
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$ 36,168,000	\$ 34,835,000	\$ 27,697,000
16	Total Net Patient Revenue	\$344,957,000	\$371,280,000	\$369,432,000
<b>17</b>	<b>Average Payment Period</b>	<b>56</b>	<b>50</b>	<b>55</b>
18	Total Current Liabilities	\$51,646,000	\$49,103,000	\$52,006,000
19	Total Operating Expenses	\$355,079,000	\$377,600,000	\$365,999,000
20	Depreciation Expense	\$17,338,000	\$19,468,000	\$17,942,000
21	Total Operating Expenses less Depreciation Expense	\$337,741,000	\$358,132,000	\$348,057,000

<b>BRIDGEPORT HOSPITAL &amp; HEALTHCARE SERVICES, INC.</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 2010</b>				
<b>REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS</b>				
<b>(1)</b>	<b>(2)</b>	<b>(3)</b>	<b>(4)</b>	<b>(5)</b>
		<b>ACTUAL</b>	<b>ACTUAL</b>	<b>ACTUAL</b>
<b>LINE</b>	<b>DESCRIPTION</b>	<b>FY 2008</b>	<b>FY 2009</b>	<b>FY 2010</b>
<b>E.</b>	<b><u>Solvency Measures Summary</u></b>			
<b>1</b>	<b><u>Equity Financing Ratio</u></b>	<b>50.7</b>	<b>30.4</b>	<b>33.2</b>
2	Total Net Assets	\$149,911,000	\$86,691,000	\$100,592,000
3	Total Assets	\$295,746,000	\$284,954,000	\$302,774,000
<b>4</b>	<b><u>Cash Flow to Total Debt Ratio</u></b>	<b>14.7</b>	<b>19.5</b>	<b>34.0</b>
5	Excess/(Deficiency) of Revenues Over Expenses	(\$1,961,000)	(\$157,000)	\$15,780,000
6	Depreciation Expense	\$17,338,000	\$19,468,000	\$17,942,000
7	Excess of Revenues Over Expenses and Depreciation Expense	\$15,377,000	\$19,311,000	\$33,722,000
8	Total Current Liabilities	\$51,646,000	\$49,103,000	\$52,006,000
9	Total Long Term Debt	\$52,875,000	\$50,090,000	\$47,145,000
10	Total Current Liabilities and Total Long Term Debt	\$104,521,000	\$99,193,000	\$99,151,000
<b>11</b>	<b><u>Long Term Debt to Capitalization Ratio</u></b>	<b>26.1</b>	<b>36.6</b>	<b>31.9</b>
12	Total Long Term Debt	\$52,875,000	\$50,090,000	\$47,145,000
13	Total Net Assets	\$149,911,000	\$86,691,000	\$100,592,000
14	Total Long Term Debt and Total Net Assets	\$202,786,000	\$136,781,000	\$147,737,000

BRIDGEPORT HOSPITAL						
TWELVE MONTHS ACTUAL FILING						
FISCAL YEAR 2010						
REPORT 400 - HOSPITAL INPATIENT BED UTILIZATION BY DEPARTMENT						
(1)	(2)	(3)	(4)	(5)	(6)	(7)
		PATIENT	STAFFED	AVAILABLE	OCCUPANCY	OCCUPANCY
LINE	DESCRIPTION	DAYS	BEDS (A)	BEDS	OF STAFFED	OF AVAILABLE
					BEDS (A)	BEDS
1	Adult Medical/Surgical	67,481	185	220	99.9%	84.0%
2	ICU/CCU (Excludes Neonatal ICU)	7,955	22	36	99.1%	60.5%
3	Psychiatric: Ages 0 to 17	0	0	0	0.0%	0.0%
4	Psychiatric: Ages 18+	6,158	17	19	99.2%	88.8%
	<b>TOTAL PSYCHIATRIC</b>	<b>6,158</b>	<b>17</b>	<b>19</b>	<b>99.2%</b>	<b>88.8%</b>
5	Rehabilitation	5,077	14	18	99.4%	77.3%
6	Maternity	7,002	20	42	95.9%	45.7%
7	Newborn	4,827	14	24	94.5%	55.1%
8	Neonatal ICU	4,058	12	20	92.6%	55.6%
9	Pediatric	2,171	6	18	99.1%	33.0%
10	Other	0	0	0	0.0%	0.0%
	<b>TOTAL EXCLUDING NEWBORN</b>	<b>99,902</b>	<b>276</b>	<b>373</b>	<b>99.2%</b>	<b>73.4%</b>
	<b>TOTAL INPATIENT BED UTILIZATION</b>	<b>104,729</b>	<b>290</b>	<b>397</b>	<b>98.9%</b>	<b>72.3%</b>
	<b>TOTAL INPATIENT REPORTED YEAR</b>	<b>104,729</b>	<b>290</b>	<b>397</b>	<b>98.9%</b>	<b>72.3%</b>
	<b>TOTAL INPATIENT PRIOR YEAR</b>	<b>103,601</b>	<b>288</b>	<b>377</b>	<b>98.6%</b>	<b>75.3%</b>
	<b>DIFFERENCE #: REPORTED VS. PRIOR YEAR</b>	<b>1,128</b>	<b>2</b>	<b>20</b>	<b>0.4%</b>	<b>-3.0%</b>
	<b>DIFFERENCE %: REPORTED VS. PRIOR YEAR</b>	<b>1%</b>	<b>1%</b>	<b>5%</b>	<b>0%</b>	<b>-4%</b>
	Total Licensed Beds and Bassinets	425				
<b>(A) This number may not exceed the number of available beds for each department or in total.</b>						

BRIDGEPORT HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT 450 - HOSPITAL INPATIENT AND OUTPATIENT OTHER SERVICES UTILIZATION AND FTEs					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE	% DIFFERENCE
<b>A. CT Scans (A)</b>					
1	Inpatient Scans	11,136	11,699	563	5%
2	Outpatient Scans (Excluding Emergency Department Scans)	2,292	2,326	34	1%
3	Emergency Department Scans	9,454	9,373	-81	-1%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	<b>Total CT Scans</b>	<b>22,882</b>	<b>23,398</b>	<b>516</b>	<b>2%</b>
<b>B. MRI Scans (A)</b>					
1	Inpatient Scans	1,089	973	-116	-11%
2	Outpatient Scans (Excluding Emergency Department Scans)	0	0	0	0%
3	Emergency Department Scans	212	258	46	22%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	<b>Total MRI Scans</b>	<b>1,301</b>	<b>1,231</b>	<b>-70</b>	<b>-5%</b>
<b>C. PET Scans (A)</b>					
1	Inpatient Scans	0	0	0	0%
2	Outpatient Scans (Excluding Emergency Department Scans)	0	0	0	0%
3	Emergency Department Scans	0	0	0	0%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	<b>Total PET Scans</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0%</b>
<b>D. PET/CT Scans (A)</b>					
1	Inpatient Scans	0	0	0	0%
2	Outpatient Scans (Excluding Emergency Department Scans)	138	170	32	23%
3	Emergency Department Scans	0	0	0	0%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	<b>Total PET/CT Scans</b>	<b>138</b>	<b>170</b>	<b>32</b>	<b>23%</b>
<b>(A) If the Hospital is not the primary provider of these scans, the Hospital must obtain the fiscal year volume of each of these types of scans from the primary provider of the scans.</b>					
<b>E. Linear Accelerator Procedures</b>					
1	Inpatient Procedures	421	381	-40	-10%
2	Outpatient Procedures	7,448	10,677	3,229	43%
	<b>Total Linear Accelerator Procedures</b>	<b>7,869</b>	<b>11,058</b>	<b>3,189</b>	<b>41%</b>
<b>F. Cardiac Catheterization Procedures</b>					
1	Inpatient Procedures	629	623	-6	-1%
2	Outpatient Procedures	373	345	-28	-8%
	<b>Total Cardiac Catheterization Procedures</b>	<b>1,002</b>	<b>968</b>	<b>-34</b>	<b>-3%</b>
<b>G. Cardiac Angioplasty Procedures</b>					
1	Primary Procedures	200	182	-18	-9%
2	Elective Procedures	333	300	-33	-10%
	<b>Total Cardiac Angioplasty Procedures</b>	<b>533</b>	<b>482</b>	<b>-51</b>	<b>-10%</b>
<b>H. Electrophysiology Studies</b>					
1	Inpatient Studies	11	13	2	18%
2	Outpatient Studies	60	75	15	25%
	<b>Total Electrophysiology Studies</b>	<b>71</b>	<b>88</b>	<b>17</b>	<b>24%</b>
<b>I. Surgical Procedures</b>					
1	Inpatient Surgical Procedures	4,520	4,217	-303	-7%
2	Outpatient Surgical Procedures	7,430	7,245	-185	-2%
	<b>Total Surgical Procedures</b>	<b>11,950</b>	<b>11,462</b>	<b>-488</b>	<b>-4%</b>
<b>J. Endoscopy Procedures</b>					

BRIDGEPORT HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT 450 - HOSPITAL INPATIENT AND OUTPATIENT OTHER SERVICES UTILIZATION AND FTEs					
(1)	(2)	(3)	(4)	(5)	(6)
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2009	FY 2010	DIFFERENCE	DIFFERENCE
1	Inpatient Endoscopy Procedures	1,208	1,085	-123	-10%
2	Outpatient Endoscopy Procedures	5,871	5,773	-98	-2%
	<b>Total Endoscopy Procedures</b>	<b>7,079</b>	<b>6,858</b>	<b>-221</b>	<b>-3%</b>
	<b>K. Hospital Emergency Room Visits</b>				
1	Emergency Room Visits: Treated and Admitted	10,610	10,660	50	0%
2	Emergency Room Visits: Treated and Discharged	66,812	65,012	-1,800	-3%
	<b>Total Emergency Room Visits</b>	<b>77,422</b>	<b>75,672</b>	<b>-1,750</b>	<b>-2%</b>
	<b>L. Hospital Clinic Visits</b>				
1	Substance Abuse Treatment Clinic Visits	0	0	0	0%
2	Dental Clinic Visits	0	0	0	0%
3	Psychiatric Clinic Visits	0	0	0	0%
4	Medical Clinic Visits	27,088	28,057	969	4%
5	Specialty Clinic Visits	7,932	7,545	-387	-5%
	<b>Total Hospital Clinic Visits</b>	<b>35,020</b>	<b>35,602</b>	<b>582</b>	<b>2%</b>
	<b>M. Other Hospital Outpatient Visits</b>				
1	Rehabilitation (PT/OT/ST)	39,375	40,280	905	2%
2	Cardiology	4,069	3,812	-257	-6%
3	Chemotherapy	734	709	-25	-3%
4	Gastroenterology	5,871	5,773	-98	-2%
5	Other Outpatient Visits	79,356	85,468	6,112	8%
	<b>Total Other Hospital Outpatient Visits</b>	<b>129,405</b>	<b>136,042</b>	<b>6,637</b>	<b>5%</b>
	<b>N. Hospital Full Time Equivalent Employees</b>				
1	Total Nursing FTEs	566.6	571.6	5.0	1%
2	Total Physician FTEs	129.7	139.8	10.1	8%
3	Total Non-Nursing and Non-Physician FTEs	1,343.2	1,304.0	-39.2	-3%
	<b>Total Hospital Full Time Equivalent Employees</b>	<b>2,039.5</b>	<b>2,015.4</b>	<b>-24.1</b>	<b>-1%</b>

BRIDGEPORT HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT 485 - HOSPITAL OUTPATIENT SURGICAL, ENDOSCOPY AND EMERGENCY ROOM SERVICES BY LOCATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE	% DIFFERENCE
<b>A. Outpatient Surgical Procedures</b>					
1	Bridgeport Hospital	7,430	7,245	-185	-2%
	<b>Total Outpatient Surgical Procedures(A)</b>	<b>7,430</b>	<b>7,245</b>	<b>-185</b>	<b>-2%</b>
<b>B. Outpatient Endoscopy Procedures</b>					
1	Bridgeport Hospital	5,871	5,773	-98	-2%
	<b>Total Outpatient Endoscopy Procedures(B)</b>	<b>5,871</b>	<b>5,773</b>	<b>-98</b>	<b>-2%</b>
<b>C. Outpatient Hospital Emergency Room Visits</b>					
1	Bridgeport Hospital	66,812	65,012	-1,800	-3%
	<b>Total Outpatient Hospital Emergency Room Visits(C)</b>	<b>66,812</b>	<b>65,012</b>	<b>-1,800</b>	<b>-3%</b>
<b>(A) Must agree with Total Outpatient Surgical Procedures on Report 450.</b>					
<b>(B) Must agree with Total Outpatient Endoscopy Procedures on Report 450.</b>					
<b>(C) Must agree with Emergency Room Visits Treated and Discharged on Report 450.</b>					

BRIDGEPORT HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE	% DIFFERENCE
<b>I. DATA BY MAJOR PAYER CATEGORY</b>					
<b>A. MEDICARE</b>					
<b>MEDICARE INPATIENT</b>					
1	INPATIENT ACCRUED CHARGES	\$324,822,789	\$347,619,438	\$22,796,649	7%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$115,290,249	\$109,039,611	(\$6,250,638)	-5%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	35.49%	31.37%	-4.13%	-12%
4	DISCHARGES	7,107	6,937	(170)	-2%
5	CASE MIX INDEX (CMI)	1.64252	1.66225	0.01973	1%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	11,673.38964	11,531.02825	(142.36139)	-1%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$9,876.33	\$9,456.19	(\$420.14)	-4%
8	PATIENT DAYS	49,724	52,379	2,655	5%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$2,318.60	\$2,081.74	(\$236.86)	-10%
10	AVERAGE LENGTH OF STAY	7.0	7.6	0.6	8%
<b>MEDICARE OUTPATIENT</b>					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$98,628,801	\$119,913,466	\$21,284,665	22%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$21,525,380	\$22,007,322	\$481,942	2%
13	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	21.82%	18.35%	-3.47%	-16%
14	OUTPATIENT CHARGES / INPATIENT CHARGES	30.36%	34.50%	4.13%	14%
15	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	2,157.96093	2,392.96087	234.99994	11%
16	OUTPATIENT ACCRUED PAYMENTS / OPED	\$9,974.87	\$9,196.69	(\$778.18)	-8%
<b>MEDICARE TOTALS (INPATIENT + OUTPATIENT)</b>					
17	TOTAL ACCRUED CHARGES	\$423,451,590	\$467,532,904	\$44,081,314	10%
18	TOTAL ACCRUED PAYMENTS	\$136,815,629	\$131,046,933	(\$5,768,696)	-4%
19	TOTAL ALLOWANCES	\$286,635,961	\$336,485,971	\$49,850,010	17%

BRIDGEPORT HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2009	FY 2010	DIFFERENCE	DIFFERENCE
<b>B. NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)</b>					
<b>NON-GOVERNMENT INPATIENT</b>					
1	INPATIENT ACCRUED CHARGES	\$205,433,168	\$196,128,578	(\$9,304,590)	-5%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$81,155,490	\$86,137,720	\$4,982,230	6%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	39.50%	43.92%	4.41%	11%
4	DISCHARGES	7,016	6,407	(609)	-9%
5	CASE MIX INDEX (CMI)	1.13717	1.18277	0.04560	4%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	7,978.38472	7,578.00739	(400.37733)	-5%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$10,171.92	\$11,366.80	\$1,194.88	12%
8	MEDICARE - NON-GOVERNMENT IP PMT / CMAD	(\$295.59)	(\$1,910.61)	(\$1,615.02)	546%
9	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$2,358,329)	(\$14,478,631)	(\$12,120,302)	514%
10	PATIENT DAYS	27,131	24,833	(2,298)	-8%
11	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$2,991.25	\$3,468.68	\$477.43	16%
12	AVERAGE LENGTH OF STAY	3.9	3.9	0.0	0%
<b>NON-GOVERNMENT OUTPATIENT</b>					
13	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$196,750,213	\$209,077,063	\$12,326,850	6%
14	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$59,371,699	\$66,534,182	\$7,162,483	12%
15	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	30.18%	31.82%	1.65%	5%
16	OUTPATIENT CHARGES / INPATIENT CHARGES	95.77%	106.60%	10.83%	11%
17	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	6,719.45776	6,829.99263	110.53487	2%
18	OUTPATIENT ACCRUED PAYMENTS / OPED	\$8,835.79	\$9,741.47	\$905.68	10%
19	MEDICARE - NON-GOVERNMENT OP PMT / OPED	\$1,139.08	(\$544.78)	(\$1,683.86)	-148%
20	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$7,654,019	(\$3,720,849)	(\$11,374,869)	-149%
<b>NON-GOVERNMENT TOTALS (INPATIENT + OUTPATIENT)</b>					
21	TOTAL ACCRUED CHARGES	\$402,183,381	\$405,205,641	\$3,022,260	1%
22	TOTAL ACCRUED PAYMENTS	\$140,527,189	\$152,671,902	\$12,144,713	9%
23	TOTAL ALLOWANCES	\$261,656,192	\$252,533,739	(\$9,122,453)	-3%
24	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$5,295,690	(\$18,199,481)	(\$23,495,171)	-444%
<b>NON-GOVERNMENT CONTRACTUAL ALLOWANCES (NGCA) DATA</b>					
25	ACCRUED CHARGES ASSOCIATED WITH NGCA	\$340,205,958	\$349,741,731	\$9,535,773	3%
26	ACCRUED PAYMENTS ASSOCIATED WITH NGCA (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$137,366,697	\$135,799,425	(\$1,567,272)	-1%
27	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$202,839,261	\$213,942,306	\$11,103,045	5%
28	TOTAL ACTUAL DISCOUNT PERCENTAGE	59.62%	61.17%	1.55%	

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		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2009	FY 2010	DIFFERENCE	DIFFERENCE
<b>C. UNINSURED</b>					
<b>UNINSURED INPATIENT</b>					
1	INPATIENT ACCRUED CHARGES	\$13,809,812	\$9,670,822	(\$4,138,990)	-30%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$1,020,113	\$952,380	(\$67,733)	-7%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	7.39%	9.85%	2.46%	33%
4	DISCHARGES	398	311	(87)	-22%
5	CASE MIX INDEX (CMI)	1.21574	1.18285	(0.03289)	-3%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	483.86452	367.86635	(115.99817)	-24%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$2,108.26	\$2,588.93	\$480.67	23%
8	NON-GOVERNMENT - UNINSURED IP PMT / CMAD	\$8,063.66	\$8,777.87	\$714.22	9%
9	MEDICARE - UNINSURED IP PMT / CMAD	\$7,768.07	\$6,867.26	(\$900.81)	-12%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$3,758,693	\$2,526,235	(\$1,232,458)	-33%
11	PATIENT DAYS	1,724	1,212	(512)	-30%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$591.71	\$785.79	\$194.08	33%
13	AVERAGE LENGTH OF STAY	4.3	3.9	(0.4)	-10%
<b>UNINSURED OUTPATIENT</b>					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$30,854,209	\$30,889,642	\$35,433	0%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$1,755,156	\$2,336,439	\$581,283	33%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	5.69%	7.56%	1.88%	33%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	223.42%	319.41%	95.99%	43%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	889.22103	993.36733	104.14631	12%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$1,973.81	\$2,352.04	\$378.23	19%
20	NON-GOVERNMENT - UNINSURED OP PMT / OPED	\$6,861.97	\$7,389.43	\$527.46	8%
21	MEDICARE - UNINSURED OP PMT / OPED	\$8,001.06	\$6,844.65	(\$1,156.41)	-14%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$7,114,708	\$6,799,254	(\$315,455)	-4%
<b>UNINSURED TOTALS (INPATIENT AND OUTPATIENT)</b>					
23	TOTAL ACCRUED CHARGES	\$44,664,021	\$40,560,464	(\$4,103,557)	-9%
24	TOTAL ACCRUED PAYMENTS	\$2,775,269	\$3,288,819	\$513,550	19%
25	TOTAL ALLOWANCES	\$41,888,752	\$37,271,645	(\$4,617,107)	-11%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$10,873,401	\$9,325,488	(\$1,547,913)	-14%

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LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE	% DIFFERENCE
<b>D. STATE OF CONNECTICUT MEDICAID</b>					
<b>MEDICAID INPATIENT</b>					
1	INPATIENT ACCRUED CHARGES	\$129,054,841	\$151,940,447	\$22,885,606	18%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$33,865,096	\$36,750,880	\$2,885,784	9%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	26.24%	24.19%	-2.05%	-8%
4	DISCHARGES	4,962	5,266	304	6%
5	CASE MIX INDEX (CMI)	0.96157	1.00191	0.04034	4%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	4,771.31034	5,276.05806	504.74772	11%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$7,097.65	\$6,965.59	(\$132.06)	-2%
8	NON-GOVERNMENT - MEDICAID IP PMT / CMAD	\$3,074.27	\$4,401.21	\$1,326.94	43%
9	MEDICARE - MEDICAID IP PMT / CMAD	\$2,778.68	\$2,490.60	(\$288.08)	-10%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$13,257,940	\$13,140,535	(\$117,405)	-1%
11	PATIENT DAYS	22,491	25,153	2,662	12%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,505.72	\$1,461.09	(\$44.62)	-3%
13	AVERAGE LENGTH OF STAY	4.5	4.8	0.2	5%
<b>MEDICAID OUTPATIENT</b>					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$99,793,585	\$129,447,743	\$29,654,158	30%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$21,995,843	\$22,613,318	\$617,475	3%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	22.04%	17.47%	-4.57%	-21%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	77.33%	85.20%	7.87%	10%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	3,836.94068	4,486.44076	649.50009	17%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$5,732.65	\$5,040.37	(\$692.28)	-12%
20	NON-GOVERNMENT - MEDICAID OP PMT / OPED	\$3,103.14	\$4,701.10	\$1,597.97	51%
21	MEDICARE - MEDICAID OP PMT / OPED	\$4,242.22	\$4,156.32	(\$85.90)	-2%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$16,277,142	\$18,647,092	\$2,369,950	15%
<b>MEDICAID TOTALS (INPATIENT + OUTPATIENT)</b>					
23	TOTAL ACCRUED CHARGES	\$228,848,426	\$281,388,190	\$52,539,764	23%
24	TOTAL ACCRUED PAYMENTS	\$55,860,939	\$59,364,198	\$3,503,259	6%
25	TOTAL ALLOWANCES	\$172,987,487	\$222,023,992	\$49,036,505	28%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$29,535,082	\$31,787,627	\$2,252,546	8%

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		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2009	FY 2010	DIFFERENCE	DIFFERENCE
<b>E. OTHER MEDICAL ASSISTANCE (O.M.A.)</b>					
<b>OTHER MEDICAL ASSISTANCE INPATIENT</b>					
1	INPATIENT ACCRUED CHARGES	\$25,590,134	\$15,148,822	(\$10,441,312)	-41%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$3,255,582	\$1,559,167	(\$1,696,415)	-52%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	12.72%	10.29%	-2.43%	-19%
4	DISCHARGES	700	406	(294)	-42%
5	CASE MIX INDEX (CMI)	0.91473	1.23747	0.32274	35%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	640.31100	502.41282	(137.89818)	-22%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$5,084.38	\$3,103.36	(\$1,981.02)	-39%
8	NON-GOVERNMENT - O.M.A. IP PMT / CMAD	\$5,087.54	\$8,263.45	\$3,175.90	62%
9	MEDICARE - O.M.A. IP PMT / CMAD	\$4,791.95	\$6,352.83	\$1,560.88	33%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$3,068,341	\$3,191,745	\$123,404	4%
11	PATIENT DAYS	4,094	2,248	(1,846)	-45%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$795.21	\$693.58	(\$101.63)	-13%
13	AVERAGE LENGTH OF STAY	5.8	5.5	(0.3)	-5%
<b>OTHER MEDICAL ASSISTANCE OUTPATIENT</b>					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$23,768,204	\$14,853,469	(\$8,914,735)	-38%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$2,985,307	\$1,456,241	(\$1,529,066)	-51%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	12.56%	9.80%	-2.76%	-22%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	92.88%	98.05%	5.17%	6%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	650.16239	398.08431	(252.07808)	-39%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$4,591.63	\$3,658.12	(\$933.51)	-20%
20	NON-GOVERNMENT - O.M.A. OP PMT / CMAD	\$4,244.15	\$6,083.35	\$1,839.20	43%
21	MEDICARE - O.M.A. OP PMT / CMAD	\$5,383.24	\$5,538.57	\$155.33	3%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$3,499,978	\$2,204,817	(\$1,295,161)	-37%
<b>OTHER MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)</b>					
23	TOTAL ACCRUED CHARGES	\$49,358,338	\$30,002,291	(\$19,356,047)	-39%
24	TOTAL ACCRUED PAYMENTS	\$6,240,889	\$3,015,408	(\$3,225,481)	-52%
25	TOTAL ALLOWANCES	\$43,117,449	\$26,986,883	(\$16,130,566)	-37%
26	TOTAL OTHER MEDICAL ASSISTANCE UPPER LIMIT UNDERPAYMENT	\$6,568,319	\$5,396,562	(\$1,171,757)	-18%

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LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE	% DIFFERENCE
<b>F. TOTAL MEDICAL ASSISTANCE (MEDICAID + OTHER MEDICAL ASSISTANCE)</b>					
<b>TOTAL MEDICAL ASSISTANCE INPATIENT</b>					
1	INPATIENT ACCRUED CHARGES	\$154,644,975	\$167,089,269	\$12,444,294	8%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$37,120,678	\$38,310,047	\$1,189,369	3%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	24.00%	22.93%	-1.08%	-4%
4	DISCHARGES	5,662	5,672	10	0%
5	CASE MIX INDEX (CMI)	0.95578	1.01877	0.06299	7%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	5,411.62134	5,778.47088	366.84954	7%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$6,859.44	\$6,629.79	(\$229.65)	-3%
8	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$3,312.48	\$4,737.01	\$1,424.53	43%
9	MEDICARE - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$3,016.89	\$2,826.40	(\$190.49)	-6%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$16,326,281	\$16,332,280	\$6,000	0%
11	PATIENT DAYS	26,585	27,401	816	3%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,396.30	\$1,398.13	\$1.82	0%
13	AVERAGE LENGTH OF STAY	4.7	4.8	0.1	3%
<b>TOTAL MEDICAL ASSISTANCE OUTPATIENT</b>					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$123,561,789	\$144,301,212	\$20,739,423	17%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$24,981,150	\$24,069,559	(\$911,591)	-4%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	20.22%	16.68%	-3.54%	-17%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	79.90%	86.36%	6.46%	8%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	4,487.10307	4,884.52507	397.42200	9%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$5,567.32	\$4,927.72	(\$639.61)	-11%
20	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$3,268.46	\$4,813.75	\$1,545.29	47%
21	MEDICARE - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$4,407.55	\$4,268.97	(\$138.57)	-3%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$19,777,120	\$20,851,909	\$1,074,789	5%
<b>TOTAL MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)</b>					
23	TOTAL ACCRUED CHARGES	\$278,206,764	\$311,390,481	\$33,183,717	12%
24	TOTAL ACCRUED PAYMENTS	\$62,101,828	\$62,379,606	\$277,778	0%
25	TOTAL ALLOWANCES	\$216,104,936	\$249,010,875	\$32,905,939	15%

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		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2009	FY 2010	DIFFERENCE	DIFFERENCE
<b>G. CHAMPUS / TRICARE</b>					
<b>CHAMPUS / TRICARE INPATIENT</b>					
1	INPATIENT ACCRUED CHARGES	\$1,196,962	\$780,040	(\$416,922)	-35%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$347,123	\$83,456	(\$263,667)	-76%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	29.00%	10.70%	-18.30%	-63%
4	DISCHARGES	23	28	5	22%
5	CASE MIX INDEX (CMI)	1.42796	1.04640	(0.38156)	-27%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	32.84308	29.29920	(3.54388)	-11%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$10,569.14	\$2,848.41	(\$7,720.73)	-73%
8	PATIENT DAYS	161	116	(45)	-28%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$2,156.04	\$719.45	(\$1,436.60)	-67%
10	AVERAGE LENGTH OF STAY	7.0	4.1	(2.9)	-41%
<b>CHAMPUS / TRICARE OUTPATIENT</b>					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$495,806	\$680,630	\$184,824	37%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$131,600	\$169,111	\$37,511	29%
<b>CHAMPUS / TRICARE TOTALS (INPATIENT + OUTPATIENT)</b>					
13	TOTAL ACCRUED CHARGES	\$1,692,768	\$1,460,670	(\$232,098)	-14%
14	TOTAL ACCRUED PAYMENTS	\$478,723	\$252,567	(\$226,156)	-47%
15	TOTAL ALLOWANCES	\$1,214,045	\$1,208,103	(\$5,942)	0%
<b>H. OTHER DATA</b>					
1	OTHER OPERATING REVENUE	\$6,491,465	\$5,828,673	(\$662,792)	-10%
2	TOTAL OPERATING EXPENSES	\$351,055,000	\$350,215,000	(\$840,000)	0%
3	UCP DSH PAYMENTS (Gross DSH plus Upper Limit Adjustment)	\$3,383,714	\$2,988,794	(\$394,920)	-12%
<b>COST OF UNCOMPENSATED CARE (BASELINE METHODOLOGY)</b>					
4	CHARITY CARE (CHARGES)	\$15,999,852	\$12,024,692	(\$3,975,160)	-25%
5	BAD DEBTS (CHARGES)	\$32,293,223	\$25,581,567	(\$6,711,656)	-21%
6	UNCOMPENSATED CARE (CHARGES)	\$48,293,075	\$37,606,259	(\$10,686,816)	-22%
7	COST OF UNCOMPENSATED CARE	\$15,419,997	\$11,080,019	(\$4,339,977)	-28%
<b>TOTAL MEDICAL ASSISTANCE UNDERPAYMENT (BASELINE METHODOLOGY)</b>					
8	TOTAL ACCRUED CHARGES	\$278,206,764	\$311,390,481	\$33,183,717	12%
9	TOTAL ACCRUED PAYMENTS	\$62,101,828	\$62,379,606	\$277,778	0%
10	COST OF TOTAL MEDICAL ASSISTANCE	\$88,831,522	\$91,745,699	\$2,914,177	3%
11	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$26,729,694	\$29,366,093	\$2,636,399	10%

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LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE	% DIFFERENCE
<b>II. AGGREGATE DATA</b>					
<b>A. TOTALS - ALL PAYERS</b>					
1	TOTAL INPATIENT CHARGES	\$686,097,894	\$711,617,325	\$25,519,431	4%
2	TOTAL INPATIENT PAYMENTS	\$233,913,540	\$233,570,834	(\$342,706)	0%
3	TOTAL INPATIENT PAYMENTS / CHARGES	34.09%	32.82%	-1.27%	-4%
4	TOTAL DISCHARGES	19,808	19,044	(764)	-4%
5	TOTAL CASE MIX INDEX	1.26697	1.30838	0.04141	3%
6	TOTAL CASE MIX ADJUSTED DISCHARGES	25,096.23878	24,916.80572	(179.43306)	-1%
7	TOTAL OUTPATIENT CHARGES	\$419,436,609	\$473,972,371	\$54,535,762	13%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	61.13%	66.60%	5.47%	9%
9	TOTAL OUTPATIENT PAYMENTS	\$106,009,829	\$112,780,174	\$6,770,345	6%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	25.27%	23.79%	-1.48%	-6%
11	TOTAL CHARGES	\$1,105,534,503	\$1,185,589,696	\$80,055,193	7%
12	TOTAL PAYMENTS	\$339,923,369	\$346,351,008	\$6,427,639	2%
13	TOTAL PAYMENTS / TOTAL CHARGES	30.75%	29.21%	-1.53%	-5%
14	PATIENT DAYS	103,601	104,729	1,128	1%
<b>B. TOTALS - ALL GOVERNMENT PAYERS</b>					
1	INPATIENT CHARGES	\$480,664,726	\$515,488,747	\$34,824,021	7%
2	INPATIENT PAYMENTS	\$152,758,050	\$147,433,114	(\$5,324,936)	-3%
3	GOVT. INPATIENT PAYMENTS / CHARGES	31.78%	28.60%	-3.18%	-10%
4	DISCHARGES	12,792	12,637	(155)	-1%
5	CASE MIX INDEX	1.33817	1.37207	0.03390	3%
6	CASE MIX ADJUSTED DISCHARGES	17,117.85406	17,338.79833	220.94427	1%
7	OUTPATIENT CHARGES	\$222,686,396	\$264,895,308	\$42,208,912	19%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	46.33%	51.39%	5.06%	11%
9	OUTPATIENT PAYMENTS	\$46,638,130	\$46,245,992	(\$392,138)	-1%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	20.94%	17.46%	-3.49%	-17%
11	TOTAL CHARGES	\$703,351,122	\$780,384,055	\$77,032,933	11%
12	TOTAL PAYMENTS	\$199,396,180	\$193,679,106	(\$5,717,074)	-3%
13	TOTAL PAYMENTS / CHARGES	28.35%	24.82%	-3.53%	-12%
14	PATIENT DAYS	76,470	79,896	3,426	4%
15	TOTAL GOVERNMENT DEDUCTIONS	\$503,954,942	\$586,704,949	\$82,750,007	16%
<b>C. AVERAGE LENGTH OF STAY</b>					
1	MEDICARE	7.0	7.6	0.6	8%
2	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3.9	3.9	0.0	0%
3	UNINSURED	4.3	3.9	(0.4)	-10%
4	MEDICAID	4.5	4.8	0.2	5%
5	OTHER MEDICAL ASSISTANCE	5.8	5.5	(0.3)	-5%
6	CHAMPUS / TRICARE	7.0	4.1	(2.9)	-41%
7	TOTAL AVERAGE LENGTH OF STAY	5.2	5.5	0.3	5%

BRIDGEPORT HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2009	FY 2010	DIFFERENCE	DIFFERENCE
<b>III. DATA USED IN BASELINE UNDERPAYMENT CALCULATION</b>					
1	TOTAL CHARGES	\$1,105,534,503	\$1,185,589,696	\$80,055,193	7%
2	TOTAL GOVERNMENT DEDUCTIONS	\$503,954,942	\$586,704,949	\$82,750,007	16%
3	UNCOMPENSATED CARE	\$48,293,075	\$37,606,259	(\$10,686,816)	
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$202,839,261	\$213,942,306	\$11,103,045	5%
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$833,366	\$1,011,938	\$178,572	21%
6	TOTAL ADJUSTMENTS	\$755,920,644	\$839,265,452	\$83,344,808	11%
7	TOTAL ACCRUED PAYMENTS	\$349,613,859	\$346,324,244	(\$3,289,615)	-1%
8	UCP DSH PYMTS. (Gross DSH+Upper Limit Adj.- OHCA Input)	\$3,383,714	\$2,988,794	(\$394,920)	-12%
9	NET REVENUE USED TO CALCULATE DSH FUTURE PYMNTS.	\$352,997,573	\$349,313,038	(\$3,684,535)	-1%
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.3193003674	0.2946323160	(0.0246680514)	-8%
11	COST OF UNCOMPENSATED CARE	\$15,419,997	\$11,080,019	(\$4,339,977)	-28%
12	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$26,729,694	\$29,366,093	\$2,636,399	10%
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0	0%
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$42,149,691	\$40,446,112	(\$1,703,579)	-4%
<b>IV. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)</b>					
1	MEDICAID	\$16,277,142	\$18,647,092	\$2,369,950	15%
2	OTHER MEDICAL ASSISTANCE	\$6,568,319	\$5,396,562	(\$1,171,757)	-18%
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$10,873,401	\$9,325,488	(\$1,547,913)	-14%
4	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$33,718,862	\$33,369,142	(\$349,720)	-1%
<b>V. DATA USED IN RECONCILIATIONS IN REPORTS 550 AND 600</b>					
1	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$1,218,589	\$1,451,547	\$232,958	19.12%
2	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED NET REVENUE	\$6,176,917	\$9,722,198	\$3,545,281	57.40%
3	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$349,484,000	\$359,062,000	\$9,578,000	2.74%
4	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0	0.00%
5	GROSS REVENUE FROM HOSP. AUDIT. FINANCIAL STATEMENTS	\$1,105,535,000	\$1,185,590,000	\$80,055,000	7.24%
6	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED UNCOMP. CARE	\$0	\$0	\$0	0.00%
7	UNCOMP. CARE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$48,293,075	\$37,606,259	(\$10,686,816)	-22.13%

<b>BRIDGEPORT HOSPITAL</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 2010</b>				
<b>REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND</b>				
<b>BASELINE UNDERPAYMENT DATA</b>				
(1)	(2)	(3)	(4)	(5)
<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL FY 2009</b>	<b>ACTUAL FY 2010</b>	<b>AMOUNT DIFFERENCE</b>
<b>I. ACCRUED CHARGES AND PAYMENTS</b>				
<b>A. INPATIENT ACCRUED CHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$205,433,168	\$196,128,578	(\$9,304,590)
2	MEDICARE	\$324,822,789	347,619,438	\$22,796,649
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$154,644,975	167,089,269	\$12,444,294
4	MEDICAID	\$129,054,841	151,940,447	\$22,885,606
5	OTHER MEDICAL ASSISTANCE	\$25,590,134	15,148,822	(\$10,441,312)
6	CHAMPUS / TRICARE	\$1,196,962	780,040	(\$416,922)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$13,809,812	9,670,822	(\$4,138,990)
	<b>TOTAL INPATIENT GOVERNMENT CHARGES</b>	<b>\$480,664,726</b>	<b>\$515,488,747</b>	<b>\$34,824,021</b>
	<b>TOTAL INPATIENT CHARGES</b>	<b>\$686,097,894</b>	<b>\$711,617,325</b>	<b>\$25,519,431</b>
<b>B. OUTPATIENT ACCRUED CHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$196,750,213	\$209,077,063	\$12,326,850
2	MEDICARE	\$98,628,801	119,913,466	\$21,284,665
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$123,561,789	144,301,212	\$20,739,423
4	MEDICAID	\$99,793,585	129,447,743	\$29,654,158
5	OTHER MEDICAL ASSISTANCE	\$23,768,204	14,853,469	(\$8,914,735)
6	CHAMPUS / TRICARE	\$495,806	680,630	\$184,824
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$30,854,209	30,889,642	\$35,433
	<b>TOTAL OUTPATIENT GOVERNMENT CHARGES</b>	<b>\$222,686,396</b>	<b>\$264,895,308</b>	<b>\$42,208,912</b>
	<b>TOTAL OUTPATIENT CHARGES</b>	<b>\$419,436,609</b>	<b>\$473,972,371</b>	<b>\$54,535,762</b>
<b>C. TOTAL ACCRUED CHARGES</b>				
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$402,183,381	\$405,205,641	\$3,022,260
2	TOTAL MEDICARE	\$423,451,590	\$467,532,904	\$44,081,314
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$278,206,764	\$311,390,481	\$33,183,717
4	TOTAL MEDICAID	\$228,848,426	\$281,388,190	\$52,539,764
5	TOTAL OTHER MEDICAL ASSISTANCE	\$49,358,338	\$30,002,291	(\$19,356,047)
6	TOTAL CHAMPUS / TRICARE	\$1,692,768	\$1,460,670	(\$232,098)
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$44,664,021	\$40,560,464	(\$4,103,557)
	<b>TOTAL GOVERNMENT CHARGES</b>	<b>\$703,351,122</b>	<b>\$780,384,055</b>	<b>\$77,032,933</b>
	<b>TOTAL CHARGES</b>	<b>\$1,105,534,503</b>	<b>\$1,185,589,696</b>	<b>\$80,055,193</b>
<b>D. INPATIENT ACCRUED PAYMENTS</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$81,155,490	\$86,137,720	\$4,982,230
2	MEDICARE	\$115,290,249	109,039,611	(\$6,250,638)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$37,120,678	38,310,047	\$1,189,369
4	MEDICAID	\$33,865,096	36,750,880	\$2,885,784
5	OTHER MEDICAL ASSISTANCE	\$3,255,582	1,559,167	(\$1,696,415)
6	CHAMPUS / TRICARE	\$347,123	83,456	(\$263,667)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,020,113	952,380	(\$67,733)
	<b>TOTAL INPATIENT GOVERNMENT PAYMENTS</b>	<b>\$152,758,050</b>	<b>\$147,433,114</b>	<b>(\$5,324,936)</b>
	<b>TOTAL INPATIENT PAYMENTS</b>	<b>\$233,913,540</b>	<b>\$233,570,834</b>	<b>(\$342,706)</b>
<b>E. OUTPATIENT ACCRUED PAYMENTS</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$59,371,699	\$66,534,182	\$7,162,483
2	MEDICARE	\$21,525,380	22,007,322	\$481,942
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$24,981,150	24,069,559	(\$911,591)
4	MEDICAID	\$21,995,843	22,613,318	\$617,475
5	OTHER MEDICAL ASSISTANCE	\$2,985,307	1,456,241	(\$1,529,066)
6	CHAMPUS / TRICARE	\$131,600	169,111	\$37,511
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,755,156	2,336,439	\$581,283
	<b>TOTAL OUTPATIENT GOVERNMENT PAYMENTS</b>	<b>\$46,638,130</b>	<b>\$46,245,992</b>	<b>(\$392,138)</b>
	<b>TOTAL OUTPATIENT PAYMENTS</b>	<b>\$106,009,829</b>	<b>\$112,780,174</b>	<b>\$6,770,345</b>
<b>F. TOTAL ACCRUED PAYMENTS</b>				
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$140,527,189	\$152,671,902	\$12,144,713
2	TOTAL MEDICARE	\$136,815,629	\$131,046,933	(\$5,768,696)
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$62,101,828	\$62,379,606	\$277,778
4	TOTAL MEDICAID	\$55,860,939	\$59,364,198	\$3,503,259
5	TOTAL OTHER MEDICAL ASSISTANCE	\$6,240,889	\$3,015,408	(\$3,225,481)
6	TOTAL CHAMPUS / TRICARE	\$478,723	\$252,567	(\$226,156)
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$2,775,269	\$3,288,819	\$513,550
	<b>TOTAL GOVERNMENT PAYMENTS</b>	<b>\$199,396,180</b>	<b>\$193,679,106</b>	<b>(\$5,717,074)</b>
	<b>TOTAL PAYMENTS</b>	<b>\$339,923,369</b>	<b>\$346,351,008</b>	<b>\$6,427,639</b>

BRIDGEPORT HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2010				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE
<b>II. PAYER MIX</b>				
<b>A. INPATIENT PAYER MIX BASED ON ACCRUED CHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	18.58%	16.54%	-2.04%
2	MEDICARE	29.38%	29.32%	-0.06%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	13.99%	14.09%	0.11%
4	MEDICAID	11.67%	12.82%	1.14%
5	OTHER MEDICAL ASSISTANCE	2.31%	1.28%	-1.04%
6	CHAMPUS / TRICARE	0.11%	0.07%	-0.04%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.25%	0.82%	-0.43%
	<b>TOTAL INPATIENT GOVERNMENT PAYER MIX</b>	<b>43.48%</b>	<b>43.48%</b>	<b>0.00%</b>
	<b>TOTAL INPATIENT PAYER MIX</b>	<b>62.06%</b>	<b>60.02%</b>	<b>-2.04%</b>
<b>B. OUTPATIENT PAYER MIX BASED ON ACCRUED CHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	17.80%	17.63%	-0.16%
2	MEDICARE	8.92%	10.11%	1.19%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	11.18%	12.17%	0.99%
4	MEDICAID	9.03%	10.92%	1.89%
5	OTHER MEDICAL ASSISTANCE	2.15%	1.25%	-0.90%
6	CHAMPUS / TRICARE	0.04%	0.06%	0.01%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	2.79%	2.61%	-0.19%
	<b>TOTAL OUTPATIENT GOVERNMENT PAYER MIX</b>	<b>20.14%</b>	<b>22.34%</b>	<b>2.20%</b>
	<b>TOTAL OUTPATIENT PAYER MIX</b>	<b>37.94%</b>	<b>39.98%</b>	<b>2.04%</b>
	<b>TOTAL PAYER MIX BASED ON ACCRUED CHARGES</b>	<b>100.00%</b>	<b>100.00%</b>	<b>0.00%</b>
<b>C. INPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	23.87%	24.87%	1.00%
2	MEDICARE	33.92%	31.48%	-2.43%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	10.92%	11.06%	0.14%
4	MEDICAID	9.96%	10.61%	0.65%
5	OTHER MEDICAL ASSISTANCE	0.96%	0.45%	-0.51%
6	CHAMPUS / TRICARE	0.10%	0.02%	-0.08%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.30%	0.27%	-0.03%
	<b>TOTAL INPATIENT GOVERNMENT PAYER MIX</b>	<b>44.94%</b>	<b>42.57%</b>	<b>-2.37%</b>
	<b>TOTAL INPATIENT PAYER MIX</b>	<b>68.81%</b>	<b>67.44%</b>	<b>-1.38%</b>
<b>D. OUTPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	17.47%	19.21%	1.74%
2	MEDICARE	6.33%	6.35%	0.02%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	7.35%	6.95%	-0.40%
4	MEDICAID	6.47%	6.53%	0.06%
5	OTHER MEDICAL ASSISTANCE	0.88%	0.42%	-0.46%
6	CHAMPUS / TRICARE	0.04%	0.05%	0.01%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.52%	0.67%	0.16%
	<b>TOTAL OUTPATIENT GOVERNMENT PAYER MIX</b>	<b>13.72%</b>	<b>13.35%</b>	<b>-0.37%</b>
	<b>TOTAL OUTPATIENT PAYER MIX</b>	<b>31.19%</b>	<b>32.56%</b>	<b>1.38%</b>
	<b>TOTAL PAYER MIX BASED ON ACCRUED PAYMENTS</b>	<b>100.00%</b>	<b>100.00%</b>	<b>0.00%</b>

BRIDGEPORT HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2010				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE
<b>III. DISCHARGES, PATIENT DAYS, ALOS, CASE MIX INDEX AND OTHER REQUIRED DATA</b>				
<b>A. DISCHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	7,016	6,407	(609)
2	MEDICARE	7,107	6,937	(170)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	5,662	5,672	10
4	MEDICAID	4,962	5,266	304
5	OTHER MEDICAL ASSISTANCE	700	406	(294)
6	CHAMPUS / TRICARE	23	28	5
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	398	311	(87)
	<b>TOTAL GOVERNMENT DISCHARGES</b>	<b>12,792</b>	<b>12,637</b>	<b>(155)</b>
	<b>TOTAL DISCHARGES</b>	<b>19,808</b>	<b>19,044</b>	<b>(764)</b>
<b>B. PATIENT DAYS</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	27,131	24,833	(2,298)
2	MEDICARE	49,724	52,379	2,655
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	26,585	27,401	816
4	MEDICAID	22,491	25,153	2,662
5	OTHER MEDICAL ASSISTANCE	4,094	2,248	(1,846)
6	CHAMPUS / TRICARE	161	116	(45)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1,724	1,212	(512)
	<b>TOTAL GOVERNMENT PATIENT DAYS</b>	<b>76,470</b>	<b>79,896</b>	<b>3,426</b>
	<b>TOTAL PATIENT DAYS</b>	<b>103,601</b>	<b>104,729</b>	<b>1,128</b>
<b>C. AVERAGE LENGTH OF STAY (ALOS)</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3.9	3.9	0.0
2	MEDICARE	7.0	7.6	0.6
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	4.7	4.8	0.1
4	MEDICAID	4.5	4.8	0.2
5	OTHER MEDICAL ASSISTANCE	5.8	5.5	(0.3)
6	CHAMPUS / TRICARE	7.0	4.1	(2.9)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	4.3	3.9	(0.4)
	<b>TOTAL GOVERNMENT AVERAGE LENGTH OF STAY</b>	<b>6.0</b>	<b>6.3</b>	<b>0.3</b>
	<b>TOTAL AVERAGE LENGTH OF STAY</b>	<b>5.2</b>	<b>5.5</b>	<b>0.3</b>
<b>D. CASE MIX INDEX</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1.13717	1.18277	0.04560
2	MEDICARE	1.64252	1.66225	0.01973
0	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	0.95578	1.01877	0.06299
4	MEDICAID	0.96157	1.00191	0.04034
5	OTHER MEDICAL ASSISTANCE	0.91473	1.23747	0.32274
6	CHAMPUS / TRICARE	1.42796	1.04640	(0.38156)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.21574	1.18285	(0.03289)
	<b>TOTAL GOVERNMENT CASE MIX INDEX</b>	<b>1.33817</b>	<b>1.37207</b>	<b>0.03390</b>
	<b>TOTAL CASE MIX INDEX</b>	<b>1.26697</b>	<b>1.30838</b>	<b>0.04141</b>
<b>E. OTHER REQUIRED DATA</b>				
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$340,205,958	\$349,741,731	\$9,535,773
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$137,366,697	\$135,799,425	(\$1,567,272)
	(PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)			
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$202,839,261	\$213,942,306	\$11,103,045
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	59.62%	61.17%	1.55%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$1,218,589	\$1,451,547	\$232,958
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$833,366	\$1,011,938	\$178,572
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT-OHCA INPUT)	\$3,383,714	\$2,988,794	(\$394,920)
8	CHARITY CARE	\$15,999,852	\$12,024,692	(\$3,975,160)
9	BAD DEBTS	\$32,293,223	\$25,581,567	(\$6,711,656)
10	TOTAL UNCOMPENSATED CARE	\$48,293,075	\$37,606,259	(\$10,686,816)
11	TOTAL OTHER OPERATING REVENUE	\$340,205,958	\$349,741,731	\$9,535,773
12	TOTAL OPERATING EXPENSES	\$351,055,000	\$350,215,000	(\$840,000)

BRIDGEPORT HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2010				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE
<b>IV. DSH UPPER PAYMENT LIMIT CALCULATIONS</b>				
<b>A. CASE MIX ADJUSTED DISCHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	7,978.38472	7,578.00739	(400.37733)
2	MEDICARE	11,673.38964	11,531.02825	(142.36139)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	5,411.62134	5,778.47088	366.84954
4	MEDICAID	4,771.31034	5,276.05806	504.74772
5	OTHER MEDICAL ASSISTANCE	640.31100	502.41282	(137.89818)
6	CHAMPUS / TRICARE	32.84308	29.29920	(3.54388)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	483.86452	367.86635	(115.99817)
	<b>TOTAL GOVERNMENT CASE MIX ADJUSTED DISCHARGES</b>	<b>17,117.85406</b>	<b>17,338.79833</b>	<b>220.94427</b>
	<b>TOTAL CASE MIX ADJUSTED DISCHARGES</b>	<b>25,096.23878</b>	<b>24,916.80572</b>	<b>(179.43306)</b>
<b>B. OUTPATIENT EQUIVALENT DISCHARGES CALCULATION (REVENUE METHODOLOGY)</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	6,719.45776	6,829.99263	110.53487
2	MEDICARE	2,157.96093	2,392.96087	234.99994
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	4,487.10307	4,884.52507	397.42200
4	MEDICAID	3,836.94068	4,486.44076	649.50009
5	OTHER MEDICAL ASSISTANCE	650.16239	398.08431	-252.07808
6	CHAMPUS / TRICARE	9.52707	24.43162	14.90455
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	889.22103	993.36733	104.14631
	<b>TOTAL GOVERNMENT OUTPATIENT EQUIVALENT DISCHARGES</b>	<b>6,654.59107</b>	<b>7,301.91757</b>	<b>647.32650</b>
	<b>TOTAL OUTPATIENT EQUIVALENT DISCHARGES</b>	<b>13,374.04883</b>	<b>14,131.91020</b>	<b>757.86137</b>
<b>C. INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$10,171.92	\$11,366.80	\$1,194.88
2	MEDICARE	\$9,876.33	\$9,456.19	(\$420.14)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$6,859.44	\$6,629.79	(\$229.65)
4	MEDICAID	\$7,097.65	\$6,965.59	(\$132.06)
5	OTHER MEDICAL ASSISTANCE	\$5,084.38	\$3,103.36	(\$1,981.02)
6	CHAMPUS / TRICARE	\$10,569.14	\$2,848.41	(\$7,720.73)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$2,108.26	\$2,588.93	\$480.67
	<b>TOTAL GOVERNMENT INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE</b>	<b>\$8,923.90</b>	<b>\$8,503.08</b>	<b>(\$420.83)</b>
	<b>TOTAL INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE</b>	<b>\$9,320.66</b>	<b>\$9,374.03</b>	<b>\$53.37</b>
<b>D. OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$8,835.79	\$9,741.47	\$905.68
2	MEDICARE	\$9,974.87	\$9,196.69	(\$778.18)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$5,567.32	\$4,927.72	(\$639.61)
4	MEDICAID	\$5,732.65	\$5,040.37	(\$692.28)
5	OTHER MEDICAL ASSISTANCE	\$4,591.63	\$3,658.12	(\$933.51)
6	CHAMPUS / TRICARE	\$13,813.27	\$6,921.81	(\$6,891.47)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,973.81	\$2,352.04	\$378.23
	<b>TOTAL GOVERNMENT OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE</b>	<b>\$7,008.41</b>	<b>\$6,333.40</b>	<b>(\$675.01)</b>
	<b>TOTAL OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE</b>	<b>\$7,926.53</b>	<b>\$7,980.53</b>	<b>\$54.00</b>

BRIDGEPORT HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2010				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE
<b>V. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)</b>				
1	MEDICAID	\$16,277,142	\$18,647,092	\$2,369,950
2	OTHER MEDICAL ASSISTANCE	\$6,568,319	\$5,396,562	(\$1,171,757)
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$10,873,401	\$9,325,488	(\$1,547,913)
	<b>TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)</b>	<b>\$33,718,862</b>	<b>\$33,369,142</b>	<b>(\$349,720)</b>
<b>VI. CALCULATED UNDERPAYMENT BEFORE UPPER LIMIT (BASELINE METHODOLOGY)</b>				
1	TOTAL CHARGES	\$1,105,534,503	\$1,185,589,696	\$80,055,193
2	TOTAL GOVERNMENT DEDUCTIONS	\$503,954,942	\$586,704,949	\$82,750,007
3	UNCOMPENSATED CARE	\$48,293,075	\$37,606,259	(\$10,686,816)
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$202,839,261	\$213,942,306	\$11,103,045
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$833,366	\$1,011,938	\$178,572
6	TOTAL ADJUSTMENTS	\$755,920,644	\$839,265,452	\$83,344,808
7	TOTAL ACCRUED PAYMENTS	\$349,613,859	\$346,324,244	(\$3,289,615)
8	UCP DSH PAYMENTS (OHCA INPUT)	\$3,383,714	\$2,988,794	(\$394,920)
9	NET REVENUE USED TO DETERMINE DSH FUTURE PAYMENTS	\$352,997,573	\$349,313,038	(\$3,684,535)
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.3193003674	0.2946323160	(0.0246680514)
11	COST OF UNCOMPENSATED CARE	\$15,419,997	\$11,080,019	(\$4,339,977)
12	MEDICAL ASSISTANCE UNDERPAYMENT	\$26,729,694	\$29,366,093	\$2,636,399
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$42,149,691	\$40,446,112	(\$1,703,579)
<b>VII. RATIOS</b>				
<b>A. RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	39.50%	43.92%	4.41%
2	MEDICARE	35.49%	31.37%	-4.13%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	24.00%	22.93%	-1.08%
4	MEDICAID	26.24%	24.19%	-2.05%
5	OTHER MEDICAL ASSISTANCE	12.72%	10.29%	-2.43%
6	CHAMPUS / TRICARE	29.00%	10.70%	-18.30%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	7.39%	9.85%	2.46%
	<b>TOTAL GOVERNMENT RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES</b>	<b>31.78%</b>	<b>28.60%</b>	<b>-3.18%</b>
	<b>TOTAL RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES</b>	<b>34.09%</b>	<b>32.82%</b>	<b>-1.27%</b>
<b>B. RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	30.18%	31.82%	1.65%
2	MEDICARE	21.82%	18.35%	-3.47%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	20.22%	16.68%	-3.54%
4	MEDICAID	22.04%	17.47%	-4.57%
5	OTHER MEDICAL ASSISTANCE	12.56%	9.80%	-2.76%
6	CHAMPUS / TRICARE	26.54%	24.85%	-1.70%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	5.69%	7.56%	1.88%
	<b>TOTAL GOVERNMENT RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES</b>	<b>20.94%</b>	<b>17.46%</b>	<b>-3.49%</b>
	<b>TOTAL RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES</b>	<b>25.27%</b>	<b>23.79%</b>	<b>-1.48%</b>

BRIDGEPORT HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2010				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE
<b>VIII. NET REVENUE, GROSS REVENUE AND UNCOMPENSATED CARE RECONCILIATIONS</b>				
<b>A. RECONCILIATION OF OHCA DEFINED NET REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS</b>				
1	TOTAL ACCRUED PAYMENTS	\$339,923,369	\$346,351,008	\$6,427,639
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$3,383,714	\$2,988,794	(\$394,920)
	<b>OHCA DEFINED NET REVENUE</b>	<b>\$343,307,083</b>	<b>\$349,339,802</b>	<b>\$6,032,719</b>
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	\$6,176,917	\$9,722,198	\$3,545,281
4	<b>CALCULATED NET REVENUE</b>	<b>\$349,484,000</b>	<b>\$359,062,000</b>	<b>\$9,578,000</b>
5	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$349,484,000	\$359,062,000	\$9,578,000
6	<b>VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS</b>				
1	OHCA DEFINED GROSS REVENUE	\$1,105,534,503	\$1,185,589,696	\$80,055,193
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0
	<b>CALCULATED GROSS REVENUE</b>	<b>\$1,105,534,503</b>	<b>\$1,185,589,696</b>	<b>\$80,055,193</b>
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$1,105,535,000	\$1,185,590,000	\$80,055,000
4	<b>VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)</b>	<b>(\$497)</b>	<b>(\$304)</b>	<b>\$193</b>
<b>C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS</b>				
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$48,293,075	\$37,606,259	(\$10,686,816)
2	PLUS OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$0	\$0	\$0
	<b>CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)</b>	<b>\$48,293,075</b>	<b>\$37,606,259</b>	<b>(\$10,686,816)</b>
3	UNCOMP. CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$48,293,075	\$37,606,259	(\$10,686,816)
4	<b>VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

BRIDGEPORT HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2010 REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES		
(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2010
<b>I. ACCRUED CHARGES AND PAYMENTS</b>		
<b>A. INPATIENT ACCRUED CHARGES</b>		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$196,128,578
2	MEDICARE	347,619,438
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	167,089,269
4	MEDICAID	151,940,447
5	OTHER MEDICAL ASSISTANCE	15,148,822
6	CHAMPUS / TRICARE	780,040
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	9,670,822
	<b>TOTAL INPATIENT GOVERNMENT CHARGES</b>	<b>\$515,488,747</b>
	<b>TOTAL INPATIENT CHARGES</b>	<b>\$711,617,325</b>
<b>B. OUTPATIENT ACCRUED CHARGES</b>		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$209,077,063
2	MEDICARE	119,913,466
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	144,301,212
4	MEDICAID	129,447,743
5	OTHER MEDICAL ASSISTANCE	14,853,469
6	CHAMPUS / TRICARE	680,630
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	30,889,642
	<b>TOTAL OUTPATIENT GOVERNMENT CHARGES</b>	<b>\$264,895,308</b>
	<b>TOTAL OUTPATIENT CHARGES</b>	<b>\$473,972,371</b>
<b>C. TOTAL ACCRUED CHARGES</b>		
1	TOTAL NON-GOVERNMENT ACCRUED CHARGES (INCLUDING SELF PAY / UNINSURED)	\$405,205,641
2	TOTAL GOVERNMENT ACCRUED CHARGES	780,384,055
	<b>TOTAL ACCRUED CHARGES</b>	<b>\$1,185,589,696</b>
<b>D. INPATIENT ACCRUED PAYMENTS</b>		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$86,137,720
2	MEDICARE	109,039,611
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	38,310,047
4	MEDICAID	36,750,880
5	OTHER MEDICAL ASSISTANCE	1,559,167
6	CHAMPUS / TRICARE	83,456
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	952,380
	<b>TOTAL INPATIENT GOVERNMENT PAYMENTS</b>	<b>\$147,433,114</b>
	<b>TOTAL INPATIENT PAYMENTS</b>	<b>\$233,570,834</b>
<b>E. OUTPATIENT ACCRUED PAYMENTS</b>		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$66,534,182
2	MEDICARE	22,007,322
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	24,069,559
4	MEDICAID	22,613,318
5	OTHER MEDICAL ASSISTANCE	1,456,241
6	CHAMPUS / TRICARE	169,111
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	2,336,439
	<b>TOTAL OUTPATIENT GOVERNMENT PAYMENTS</b>	<b>\$46,245,992</b>
	<b>TOTAL OUTPATIENT PAYMENTS</b>	<b>\$112,780,174</b>
<b>F. TOTAL ACCRUED PAYMENTS</b>		
1	TOTAL NON-GOVERNMENT ACCRUED PAYMENTS (INCLUDING SELF PAY / UNINSURED)	\$152,671,902
2	TOTAL GOVERNMENT ACCRUED PAYMENTS	193,679,106
	<b>TOTAL ACCRUED PAYMENTS</b>	<b>\$346,351,008</b>

<b>BRIDGEPORT HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2010 REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES</b>		
(1)	(2)	(3)
<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL FY 2010</b>
<b>II. ACCRUED DISCHARGES, CASE MIX INDEX AND OTHER REQUIRED DATA</b>		
<b>A. ACCRUED DISCHARGES</b>		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	6,407
2	MEDICARE	6,937
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	5,672
4	MEDICAID	5,266
5	OTHER MEDICAL ASSISTANCE	406
6	CHAMPUS / TRICARE	28
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	311
	<b>TOTAL GOVERNMENT DISCHARGES</b>	<b>12,637</b>
	<b>TOTAL DISCHARGES</b>	<b>19,044</b>
<b>B. CASE MIX INDEX</b>		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1.18277
2	MEDICARE	1.66225
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1.01877
4	MEDICAID	1.00191
5	OTHER MEDICAL ASSISTANCE	1.23747
6	CHAMPUS / TRICARE	1.04640
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.18285
	<b>TOTAL GOVERNMENT CASE MIX INDEX</b>	<b>1.37207</b>
	<b>TOTAL CASE MIX INDEX</b>	<b>1.30838</b>
<b>C. OTHER REQUIRED DATA</b>		
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$349,741,731
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$135,799,425
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$213,942,306
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	61.17%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$1,451,547
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$1,011,938
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT - OHCA INPUT)	\$2,988,794
8	CHARITY CARE	\$12,024,692
9	BAD DEBTS	\$25,581,567
10	TOTAL UNCOMPENSATED CARE	\$37,606,259
11	TOTAL OTHER OPERATING REVENUE	\$5,828,673
12	TOTAL OPERATING EXPENSES	\$350,215,000

BRIDGEPORT HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2010 REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES		
(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2010
<b>III. NET REVENUE, GROSS REVENUE AND UNCOMPENSATED CARE RECONCILIATIONS</b>		
<b>A. RECONCILIATION OF OHCA DEFINED NET REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS</b>		
1	TOTAL ACCRUED PAYMENTS	\$346,351,008
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$2,988,794
	<b>OHCA DEFINED NET REVENUE</b>	<b>\$349,339,802</b>
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	\$9,722,198
	<b>CALCULATED NET REVENUE</b>	<b>\$359,062,000</b>
4	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$359,062,000
	<b>VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)</b>	<b>\$0</b>
<b>B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS</b>		
1	OHCA DEFINED GROSS REVENUE	\$1,185,589,696
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0
	<b>CALCULATED GROSS REVENUE</b>	<b>\$1,185,589,696</b>
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$1,185,590,000
	<b>VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)</b>	<b>(\$304)</b>
<b>C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS</b>		
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$37,606,259
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$0
	<b>CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)</b>	<b>\$37,606,259</b>
3	UNCOMPENSATED CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$37,606,259
	<b>VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)</b>	<b>\$0</b>

<b>BRIDGEPORT HOSPITAL</b>					
<b>TWELVE MONTHS ACTUAL FILING</b>					
<b>FISCAL YEAR 2010</b>					
<b>REPORT 650 - HOSPITAL UNCOMPENSATED CARE</b>					
(1)	(2)	(3)	(4)	(5)	(6)
<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL FY 2009</b>	<b>ACTUAL FY 2010</b>	<b>AMOUNT DIFFERENCE</b>	<b>% DIFFERENCE</b>
<b>A. <u>Hospital Charity Care (from HRS Report 500)</u></b>					
1	Number of Applicants	1,815	1,806	(9)	0%
2	Number of Approved Applicants	1,149	1,147	(2)	0%
3	<b>Total Charges (A)</b>	\$15,999,852	\$12,024,692	(\$3,975,160)	-25%
4	<b>Average Charges</b>	<b>\$13,925</b>	<b>\$10,484</b>	<b>(\$3,441)</b>	<b>-25%</b>
5	Ratio of Cost to Charges (RCC)	0.318348	0.315690	(0.002658)	-1%
6	<b>Total Cost</b>	<b>\$5,093,521</b>	<b>\$3,796,075</b>	<b>(\$1,297,446)</b>	<b>-25%</b>
7	<b>Average Cost</b>	<b>\$4,433</b>	<b>\$3,310</b>	<b>(\$1,123)</b>	<b>-25%</b>
8	Charity Care - Inpatient Charges	\$782,393	\$588,008	(\$194,385)	-25%
9	Charity Care - Outpatient Charges (Excludes ED Charges)	9,652,710	7,254,496	(2,398,214)	-25%
10	Charity Care - Emergency Department Charges	5,564,749	4,182,188	(1,382,561)	-25%
11	<b>Total Charges (A)</b>	<b>\$15,999,852</b>	<b>\$12,024,692</b>	<b>(\$3,975,160)</b>	<b>-25%</b>
12	Charity Care - Number of Patient Days	2,668	2,532	(136)	-5%
13	Charity Care - Number of Discharges	370	379	9	2%
14	Charity Care - Number of Outpatient ED Visits	2,459	1,413	(1,046)	-43%
15	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	4,745	4,732	(13)	0%
<b>B. <u>Hospital Bad Debts (from HRS Report 500)</u></b>					
1	Bad Debts - Inpatient Services	\$1,579,139	\$1,250,939	(\$328,200)	-21%
2	Bad Debts - Outpatient Services (Excludes ED Bad Debts)	19,482,501	15,433,359	(4,049,142)	-21%
3	Bad Debts - Emergency Department	11,231,583	8,897,269	(2,334,314)	-21%
4	<b>Total Bad Debts (A)</b>	<b>\$32,293,223</b>	<b>\$25,581,567</b>	<b>(\$6,711,656)</b>	<b>-21%</b>
<b>C. <u>Hospital Uncompensated Care (from HRS Report 500)</u></b>					
1	Charity Care (A)	\$15,999,852	\$12,024,692	(\$3,975,160)	-25%
2	Bad Debts (A)	32,293,223	25,581,567	(6,711,656)	-21%
3	<b>Total Uncompensated Care (A)</b>	<b>\$48,293,075</b>	<b>\$37,606,259</b>	<b>(\$10,686,816)</b>	<b>-22%</b>
4	Uncompensated Care - Inpatient Services	\$2,361,532	\$1,838,947	(\$522,585)	-22%
5	Uncompensated Care - Outpatient Services (Excludes ED Unc. Care)	29,135,211	22,687,855	(6,447,356)	-22%
6	Uncompensated Care - Emergency Department	16,796,332	13,079,457	(3,716,875)	-22%
7	<b>Total Uncompensated Care (A)</b>	<b>\$48,293,075</b>	<b>\$37,606,259</b>	<b>(\$10,686,816)</b>	<b>-22%</b>
<b>(A) The amount must agree with the amount listed on Hospital Reporting System - Report 500.</b>					

BRIDGEPORT HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2010 REPORT 685 - HOSPITAL NON-GOVERNMENT GROSS REVENUE, CONTRACTUAL ALLOWANCES, ACCRUED PAYMENTS AND DISCOUNT PERCENTAGE					
(1)	(2)	(3) FY 2009	(4) FY 2010	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL TOTAL NON-GOVERNMENT</u>	<u>ACTUAL TOTAL NON-GOVERNMENT</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
	<b><u>COMMERCIAL - ALL PAYERS</u></b>				
1	Total Gross Revenue	\$340,205,958	\$349,741,731	\$9,535,773	3%
2	Total Contractual Allowances	\$202,839,261	\$213,942,306	\$11,103,045	5%
	<b>Total Accrued Payments (A)</b>	<b>\$137,366,697</b>	<b>\$135,799,425</b>	<b>(\$1,567,272)</b>	<b>-1%</b>
	<b>Total Discount Percentage</b>	<b>59.62%</b>	<b>61.17%</b>	<b>1.55%</b>	<b>3%</b>
<b>(A) Accrued Payments associated with Non-Government Contractual Allowances must exclude any reduction for Uncompensated Care.</b>					

<b>BRIDGEPORT HOSPITAL</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 2010</b>				
<b>REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE</b>				
<b>(1)</b>	<b>(2)</b>	<b>(3)</b>	<b>(4)</b>	<b>(5)</b>
<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL FY 2008</b>	<b>ACTUAL FY 2009</b>	<b>ACTUAL FY 2010</b>
<b>A. <u>Gross and Net Revenue</u></b>				
1	Inpatient Gross Revenue	\$674,215,405	\$686,097,894	\$711,617,325
2	Outpatient Gross Revenue	\$365,885,083	\$419,436,609	\$473,972,371
3	Total Gross Patient Revenue	\$1,040,100,488	\$1,105,534,503	\$1,185,589,696
4	Net Patient Revenue	\$326,474,000	\$349,484,000	\$359,062,000
<b>B. <u>Total Operating Expenses</u></b>				
1	Total Operating Expense	\$333,509,000	\$351,055,000	\$350,215,000
<b>C. <u>Utilization Statistics</u></b>				
1	Patient Days	106,845	103,601	104,729
2	Discharges	20,022	19,808	19,044
3	Average Length of Stay	5.3	5.2	5.5
4	Equivalent (Adjusted) Patient Days (EPD)	164,828	166,936	174,484
0	Equivalent (Adjusted) Discharges (ED)	30,888	31,917	31,728
<b>D. <u>Case Mix Statistics</u></b>				
1	Case Mix Index	1.26878	1.26697	1.30838
2	Case Mix Adjusted Patient Days (CMAPD)	135,562	131,260	137,025
3	Case Mix Adjusted Discharges (CMAD)	25,403	25,096	24,917
4	Case Mix Adjusted Equivalent Patient Days (CMAEPD)	209,130	211,504	228,291
5	Case Mix Adjusted Equivalent Discharges (CMAED)	39,189	40,438	41,513
<b>E. <u>Gross Revenue Per Statistic</u></b>				
1	Total Gross Revenue per Patient Day	\$9,735	\$10,671	\$11,321
2	Total Gross Revenue per Discharge	\$51,948	\$55,813	\$62,255
3	Total Gross Revenue per EPD	\$6,310	\$6,623	\$6,795
4	Total Gross Revenue per ED	\$33,674	\$34,637	\$37,367
5	Total Gross Revenue per CMAEPD	\$4,973	\$5,227	\$5,193
6	Total Gross Revenue per CMAED	\$26,540	\$27,339	\$28,560
7	Inpatient Gross Revenue per EPD	\$4,090	\$4,110	\$4,078
8	Inpatient Gross Revenue per ED	\$21,828	\$21,496	\$22,429

<b>BRIDGEPORT HOSPITAL</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 2010</b>				
<b>REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE</b>				
<b>(1)</b>	<b>(2)</b>	<b>(3)</b>	<b>(4)</b>	<b>(5)</b>
<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL FY 2008</b>	<b>ACTUAL FY 2009</b>	<b>ACTUAL FY 2010</b>
<b>F. Net Revenue Per Statistic</b>				
1	Net Patient Revenue per Patient Day	\$3,056	\$3,373	\$3,428
2	Net Patient Revenue per Discharge	\$16,306	\$17,644	\$18,854
3	Net Patient Revenue per EPD	\$1,981	\$2,094	\$2,058
4	Net Patient Revenue per ED	\$10,570	\$10,950	\$11,317
5	Net Patient Revenue per CMAEPD	\$1,561	\$1,652	\$1,573
6	Net Patient Revenue per CMAED	\$8,331	\$8,642	\$8,649
<b>G. Operating Expense Per Statistic</b>				
1	Total Operating Expense per Patient Day	\$3,121	\$3,389	\$3,344
2	Total Operating Expense per Discharge	\$16,657	\$17,723	\$18,390
3	Total Operating Expense per EPD	\$2,023	\$2,103	\$2,007
4	Total Operating Expense per ED	\$10,798	\$10,999	\$11,038
5	Total Operating Expense per CMAEPD	\$1,595	\$1,660	\$1,534
6	Total Operating Expense per CMAED	\$8,510	\$8,681	\$8,436
<b>H. Nursing Salary and Fringe Benefits Expense</b>				
1	Nursing Salary Expense	\$41,382,100	\$42,767,886	\$48,504,672
2	Nursing Fringe Benefits Expense	\$9,692,122	\$10,711,918	\$11,454,118
3	<b>Total Nursing Salary and Fringe Benefits Expense</b>	<b>\$51,074,222</b>	<b>\$53,479,804</b>	<b>\$59,958,790</b>
<b>I. Physician Salary and Fringe Expense</b>				
1	Physician Salary Expense	\$8,413,688	\$8,311,122	\$9,466,788
2	Physician Fringe Benefits Expense	\$2,243,039	\$2,452,306	\$2,213,435
3	<b>Total Physician Salary and Fringe Benefits Expense</b>	<b>\$10,656,727</b>	<b>\$10,763,428</b>	<b>\$11,680,223</b>
<b>J. Non-Nursing, Non-Physician Salary and Fringe Benefits Expense</b>				
1	Non-Nursing, Non-Physician Salary Expense	\$65,423,212	\$79,408,992	\$70,911,540
2	Non-Nursing, Non-Physician Fringe Benefits Expense	\$24,240,839	\$25,392,776	\$28,140,447
3	<b>Total Non-Nurs., Non-Phys. Salary and Fringe Ben. Expense</b>	<b>\$89,664,051</b>	<b>\$104,801,768</b>	<b>\$99,051,987</b>
<b>K. Total Salary and Fringe Benefits Expense</b>				
1	Total Salary Expense	\$115,219,000	\$130,488,000	\$128,883,000
2	Total Fringe Benefits Expense	\$36,176,000	\$38,557,000	\$41,808,000
3	<b>Total Salary and Fringe Benefits Expense</b>	<b>\$151,395,000</b>	<b>\$169,045,000</b>	<b>\$170,691,000</b>